

*Library*

SEP 16 1955



**Elland Urban District Council**

# **Annual Report**

of the

## **Public Health Services**

of the Elland Urban District.

**1955.**

**FRANK APPLETON, M.B., Ch.B., D.P.H.,**  
Medical Officer of Health.





Elland Urban District Council

# Annual Report

of the

## Public Health Services

of the Elland Urban District.

1955.

FRANK APPLETON, M.B., Ch.B., D.P.H.,  
Medical Officer of Health.



Digitized by the Internet Archive  
in 2017 with funding from  
Wellcome Library

<https://archive.org/details/b29190447>

# Elland Urban District Council

---

## Health Committee

(As at 31st December, 1955).

**Chairman of the Council :**

Councillor A. Walker, J.P.

**Chairman :**

Councillor (Mrs.) W. J. PILLING.

**Vice-Chairman :**

Councillor J. THORNTON.

Councillor	B. BEAUMONT,	Councillor	(Miss) E. T. SHAW,
,,	H. COCKROFT, C.C.	,,	J.P.,
,,	T. COLDWELL,	,,	S. B. TATTERSALL,
,,	G. H. CROSSLEY,	,,	J.P.,
,,	S. DRINKWATER,	,,	A. WALKER, J.P.,
,,	W. HASLAM,	,,	T. WALKER,
,,	C. HORSFIELD,	,,	(Mrs.) A. WALKER,
,,	G. H. JAMES, J.P.	,,	J. E. WARBURTON,
,,	A. LANE,	,,	(Mrs.) A. R. WEST,
,,	F. H. LUMB,	,,	H. WILKINSON,
,,	S. V. MITCHELL,	,,	J. WILSON, J.P.,
,,	C. POGSON,	,,	E. WOLFENDEN,
,,	W. RAMSDEN,	,,	P. WOOD.
,,	W. SHARPE,		

### HEALTH SUB-COMMITTEE :

Councillor (Mrs.) W. J. PILLING (Chairman),

Councillor J. THORNTON (Vice-Chairman),

Councillor	T. COLDWELL,	Councillor	(Mrs.) A. WALKER,
,,	C. HORSFIELD,	,,	(Mrs.) A. R. WEST,
,,	W. SHARPE,	,,	H. WILKINSON,
,,	S. B. TATTERSALL,	,,	P. WOOD.
	J.P.,		



# Health Department

---

## PUBLIC HEALTH OFFICERS.

### Medical Officer of Health :

F. APPLETON, M.B., Ch.B., D.P.H. Also Divisional Medical Officer.

### Deputy Medical Officer of Health :

R. D. HAIGH, M.B., Ch.B., D.R.C.O.G., D.P.H.  
(Commenced April, 1955).

Mrs. A. MARSHALL, M.B., Ch.B. (Terminated April, 1955).

### Assistant Medical Officers :

Miss E. ATKINSON, M.B., Ch.B., D.Obst.R.C.O.G.  
(Commenced November, 1955).

P. BRODBIN, L.R.C.P.I., L.R.C.S.I. (Commenced February, 1955. Terminated August, 1955).

Mrs. M. S. GISBOURNE, M.B., Ch.B. (Terminated February, 1955).

### Orthopaedic Surgeon :

\*\*J. HUNTER ANNAN, F.R.C.S.

### Ophthalmic Surgeons :

\*\*S. ROBERTSON, M.B., Ch.B., D.O.M.S.

\*\*P. M. WOOD, M.B., Ch.B., F.R.C.S. (Edin.) D.O.M.S.

### Dental Officer :

J. TODD, L.D.S.

### Sanitary Inspectors :

A. D. JACKSON, Cert. R.S.I. and S.I.J.E.B. Cert. Inspector of Meat and Foods.

K. RAMSDEN, A.R.San.I.

N. SYKES, Cert. R.S.I. and S.I.J.E.B. Cert. Inspector of Meat and Foods

**Health Visitors :**

Miss F. R. HANDY, S.R.N., S.C.M., Health Visitor's Certificate.

Miss L. P. TINKER, S.R.N. Health Visitor's Certificate.

Miss W. WADSWORTH, S.R.N., S.C.M. R.F.N., Health Visitor's Certificate.

**Assistant Health Visitors :**

Mrs. M. GRAINGER, S.R.N., S.C.M.

\*Mrs. I. HEPWORTH, S.R.N., S.C.M., R.F.N.

\*Mrs. D. A. F. HOLDSWORTH, Enrolled Assistant Nurse.

**County Midwife :**

Mrs. E. E. CROSSLEY, S.R.N., S.C.M.

**Home Nurse—Midwife :**

Mrs. M. E. MAGER, S.R.N., S.C.M.

**Home Nurses :**

Miss A. CARTER, S.R.N., S.C.M.

Mrs. A. K. MILLS, S.R.N., S.C.M.

**Mental Health Social Worker :**

\*Miss E. C. WROE, S.R.N., S.C.M., R.M.N., Health Visitor's Certificate.

**Tuberculosis Health Visitor :**

Mrs. M. F. DUCKENFIELD, S.R.N., S.C.M., T.A.

**Clerks :**

M. S. MORTON. (Terminated August, 1955).

P. NELLIS. (Commenced October, 1955).

**Divisional County Ambulance Service Depot Superintendent :**

W. ANDERSON.

\*Part time.

\*\*Part time by arrangement with the Regional Hospital Board.

## TO THE CHAIRMAN AND MEMBERS OF THE HEALTH COMMITTEE.

Ladies and Gentlemen,

I have the honour to present my Annual Report for 1955 on the health of this town.

I have again included details of my work in the Elland Urban District as Divisional Medical Officer of the West Riding County Council. In this way it is possible to get a more complete picture of the health services of this district.

It will be appreciated that the work for this Council is largely concerned with environmental health and for the West Riding County Council with the domiciliary services available to the community through the Health Visitors, Home Nurses and Midwives. In discussing the present health services, it will be appreciated that the Midwives and Home Nurses work in extremely close collaboration with the General Medical Practitioners. Recently, too, the Health Visitors have worked together with the Doctors of the town. We have been fortunate in Elland in that a good relationship has existed between our services and the services of the Doctors provided through the Executive Council.

The National Health Service Act, of 1948, split the administration of the health services of the country into three separate compartments :—the Hospital Service, under the Regional Hospital Boards with local administration by Hospital Management Committees ; the General Practitioners Service, administered by the Executive Councils, and the Local Health Service, administered by the Local Health Authorities, leaving the Environmental Services with the County Districts. By the joint appointment of the Medical Officer of Health and Divisional Medical Officer, all local authority services can be completely co-ordinated. Co-ordination of the other services has been made possible by the goodwill shown among the members of each group to the others. The domiciliary services of necessity are the less spectacular ones. A period in hospital will always be a very important period in the life of a patient, and the day to day services carried out by Doctors and Nurses in their own home, very much less impressive. The Health Centres, in which Doctors and Local Authority staff can meet regularly together, are still only a dream of the future in most areas, and it is not anticipated that much progress in this direction will be made in the foreseeable future. In Elland, the clinic in the centre of the town is still held in a Methodist Sunday School and although certain improvements were made during the year, these premises cannot be regarded as completely satisfactory. The



Clinic at West Vale is held in a fine building which belongs to the Urban District Council and for which we are very grateful. It is the much more satisfactory and is an example of the willing co-operation shown by this Council.

Just as the hospital services continue to be more spectacular and to receive a greater share of the economic resources than the domiciliary services, which are concerned with the treatment of disease, of necessity, have greater public appeal than those which are preventive in nature. Illness and ill-health which is prevented does not exist, and the day to day work of the Health Visitor in the home is not always appreciated by the public at large. Despite this, there is an increased awakening to the value of the Health Visitor in the community and I do not think the work of this valuable officer can be over-emphasised. With a full staff, the Health Visitors have been able to give more time to regular, routine visiting and although selective visiting of homes which require more attention is still carried out, the Health Visitors have been able to visit all families with young children as a routine measure. This is important if the real preventive work of the health visitor is to be carried out.

In their visits, the Doctor, Health Visitor, District Nurse and Midwife all meet cases of housing difficulties, and re-housing is the one aspect of preventive health which has most public appeal. During the year, the Council launched a slum clearance programme which included 660 houses. This programme is planned to extend over fifteen years and to remove the worst of the sub-standard dwellings. In the past few years, I have spent a considerable amount of time visiting this type of housing but the systematic assessment of the relative merits of the houses which was essential to compile the programme has enabled me to give the Council an idea of the conditions that exist in this town. The first and most striking feature is the vast amount of work which has been undertaken by tenants of unsatisfactory houses to try to make their houses habitable, at least for a short period. In some cases really extensive work has been undertaken with temporarily satisfactory results and the main impression must be of a great rise in the standard of housing demanded and in the efforts to attain this. The second impression is a confirmation of what we already knew, that the great need is for the two-bedroomed house. Dealing with overcrowding, many of the larger families have already been re-housed and, on the whole, it is the smaller family that we shall have to cater for in our slum clearance programme.

I am glad to see that the Council are to build a number of bungalows for old people. We all know that the old will present

an increasing problem in the future, and the provision of a satisfactory home which they can manage themselves is perhaps the most important single step that can be taken to help them. One disadvantage of the re-housing of families in the outer areas is that often daughters become situated at a greater distance from their aged parents and are less able to help them, and the provision of bungalows on estates so that the old people can be housed in reasonable proximity to their nearest relatives would be a most useful step.

When considering the building of houses, we have to give some recognition to the possibility that if the new houses become too expensive undesirable economies may have to be made in other directions. Important as housing is, and the Committee will be aware that I regard it as the most important single factor in the measures we can undertake for the public good, food and clothing are equally important and it would be unfortunate if as a result of rehousing the nutrition of families were to suffer. During 1955, building costs gradually rose and houses which were built earlier and seemed expensive at the time now appear cheap. We are told that an attempt is to be made to stabilise prices but if history is anything to go by it would appear that a gradual inflation over the years is likely to take place and that houses built now will be a real investment for the future. Accompanied by the rise in prices has been a rise in wages and we have encountered very little hardship as a result of families moving to more expensive houses. This is remarkable as the difference between the rent-controlled private houses and subsidised Council houses is so considerable. This increase in expense has, however, encouraged the mother of the family to go out to work, particularly as work in this area has, since the War, been easy to obtain. In addition to the increased rent, many families have cheerfully undertaken considerable hire purchase payments, often agreeing to pay sums of £2 or even £3 per week in addition to the rent. Where we have been able to do so, this has been discouraged as much as possible for food and clothing are just as important as proper housing. The desire to start in a new house with new furniture, which sometimes is not of a very durable character, is easily understood but we sometimes wish that this desire was curbed, for the furniture, where there is a young family, may be looking much the worse for wear before it is paid for.

The Housing Subsidies Act, which had not become law by the end of the year, is welcomed by this department for putting an emphasis on slum clearance. If the resources of the country are insufficient to subsidise all Council houses, there is no doubt that now that the worst of the overcrowding has been dealt with



the time is opportune for the removal of many of our sub-standard houses and we are glad that a stimulus is to be offered by the provision of a subsidy in these cases.

While the Council are considering the housing needs of the old people we have been able to help by the provision of Home Helps and a great deal of voluntary help is being given in the Old People's Clubs and by voluntary visiting undertaken. We could wish that a chiropody service were available for all but a useful step has been taken in the Greetland area where the District Nursing Association are providing it through their funds. One helpful measure would be in the organisation of a system of providing meals through a voluntary organisation.

There continued to be full employment in the Elland Urban District, and 1955 was a prosperous year. There was a welcome increase in the number of babies born at home, due partly to the increased number of births and partly to more of them being born at home, but still 75% of the babies were delivered in hospital. Both the birth rate and death rate were increased this year but the largest increase was in the death rate of infants under one year of age. We have been able to show a steady reduction in this figure in recent years and our infantile death rate has compared very favourably with other districts of a similar character. When small figures such as these are involved it is unwise to pay too much attention to a single year. It will be noted that most of the deaths occurred in the early days of life and that the stillbirth rate was comparatively low. This high figure is certainly not indicative of a lowering standard of infant care which is satisfactory and in most cases could hardly be improved.

Last year I had reason to comment on the low incidence of infectious disease in Elland and to note that there were no cases of Smallpox, Diphtheria, Cerebro Spinal Fever, Typhoid or Enteric Fever, or Anterior Poliomyelitis, and that the incidence of Measles and Whooping Cough was extremely low. This year we had a large-scale Measles epidemic, most of the cases of which occurred during the month of March, when there were over 200 cases. The cases were not severe in character and there were no serious complications and no deaths from the disease. The epidemic was not totally unexpected, following as it did on a year of low incidence, as the number of immune children in the community would be smaller. There were 41 cases of Whooping Cough, a figure only slightly below the average number notified over the years. We are hoping that the incidence of this disease will fall as more children become immunised against the disease. Out of 134 children immunised this year, 60 were under one year of age.

Anterior Poliomyelitis occurred in the district. There were three cases, all occurring at about the same time and probably connected, but once again the other diseases mentioned above failed to appear and Diphtheria is becoming an unknown disease. It is believed that this is largely due to immunisation. Perhaps naturally enough there has been some falling-off in the number of children immunised. It is important that parents realise the danger they may be incurring for if Diphtheria were to return to the district and the immunised population were to continue to fall, a large-scale epidemic could result.

Tuberculosis is being treated earlier and very effectively and it does not now present quite the same danger of death as it used to do. There was only one death from this disease in 1955, but the number of people notified as suffering from Tuberculosis has as yet shown no fall and 24 cases were notified in 1955. It is impossible to be complacent about a severe infectious disease of which there have been 24 new cases and one death. Seven of these cases were found by mass radiography and when the Unit came to the town over 2,000 people visited the Unit. Now that it is known that early cases of Tuberculosis can be treated successfully, it is hoped that when we are able to arrange for the next visit of the Unit many more people will come forward and take advantage of it. There still exists a reluctance on the part of some people to attend for mass radiography because of a fear of being deprived of their work and they remain in the community infecting people wherever they go and allowing the disease to become well-established and require very much more prolonged treatment because they are unwilling to submit to a simple examination which can be arranged at a time convenient to themselves.

A special Tuberculosis Health Visitor now follows up all the contacts from the disease and one of the reasons for the maintenance of our notification rate is because cases are being found at a much earlier stage. Infected people are thus being removed from the community and cases now have every hope of cure. It must be our object, however, to prevent this disease and, in fact, to try to eliminate it altogether. We are now offering protection by vaccination with B.C.G. to children prior to leaving school and prior to being exposed to the very much greater risks they run in the community. The response to this vaccination has not yet been satisfactory and I would urge parents to take advantage of it. In order to test the efficacy of this vaccination, an investigation, started in 1950, was undertaken by the Medical Research Council and children chosen to take part in the test have been followed up. The results of this test are satisfactory and we can now unreservedly recommend this treatment to the public.



The Mental Health Service is playing an increasingly important part in our Health Services. We have in this Division a Mental Health Social Worker who is a fully-trained Health Visitor and also has a wide experience of the problems of Mental Health, and she has been able to give a great deal of help in cases of difficulty. During the latter half of the year her work was supplemented by the establishment of a psychiatric clinic in our Central Clinic in Brighthouse. We believe that this clinic will serve as a very useful addition to our health services. There is a reluctance among people to recognise that mental illness is like physical illness, a condition which can often be cured and which if treated sufficiently early will respond very much more quickly.

Much of the work in general practice is in the detection and early treatment of mental ill-health and our Health Visitors in homes and clinics thus play an important part in this treatment. Every patient who has confidence in his own Doctor takes the first step towards cure when he calls him in and despite the excellent work being done by psychiatrists, the first line of advance must as with all diseases be in the homes of the patients and at their bedsides. Patients who will not readily go to hospital have attended our Clinic willingly and already some have been helped considerably. There seem to be more behaviour problems in the children in the smaller families we have today and at the Child Guidance Clinic severe cases are treated, but in the schools, at the child welfare centres and in the homes Medical Officers and Health Visitors are able to give advice which may be helpful in the prevention of mental ill-health in the young. It is in the domiciliary services that the great hope seems to lie for the prevention of mental illness and we have an important duty with young children and with the education of parents in their care in order to prevent the foundation of mental illness.

The Group Training Class for ineducable children continues to do excellent work and plans now exist for this work to be extended with the establishment of an occupation centre at the old Holme House Day Nursery. There is a great need for this centre and we hope that the adaptation of this building will not be long delayed.

The Home Help Service is expanding and year after year we report a larger number of hours of employment of Home Helps. The greatest expansion is undoubtedly in the provision of Home Helps for old people and it is anticipated that this service will continue to grow. By keeping the old people at home, the Home Help Service is not only saving a great deal of money for the Regional Hospitals Board but is adding to the happiness of the old people who know that admission to hospital may be a one-way

journey. It must be our duty, however, to discourage any tendency to rely on an outside agency to care for relatives when this could well be done by their own nearest and dearest.

Just as the demand for Home Helps for old people increases year by year, so does the demand for hospital beds and in some cases there is too great a delay in obtaining admission. It is only fair to add that the local hospitals are very co-operative and it is rare indeed that a really urgent case has to wait beyond a reasonable time.

Once again we are able to report that there has been no major outbreak of Food Poisoning in this town. The Food Hygiene Regulations will strengthen our hand in dealing with the prevention of this, but no regulations can do more than strengthen the personal aspect and I am glad to report that on the whole food preparation premises are in the hands of satisfactory persons.

The work of the department continues to increase. The Sanitary Inspectors now are responsible for a great deal of meat inspection and a great deal of detailed work in connection with the preparation of areas for slum clearance. In addition there are further duties which have been added by the new Food Hygiene Regulations. The work on the conversion of obsolete sanitary conveniences to modern water closets has almost been completed as far as it is possible but there still remain almost 500 houses not connected to the sewer and we have still almost 400 pail closets and privies. We await now sewer extensions so that this work can continue and I hope that the Council will be able to give early consideration to the work of sewer extension.

I have to acknowledge the indebtedness of the department to the Chairman and members of the Public Health Committee for their support. This has increased over the years and it is of the greatest encouragement to us all. All the members of the Public Health Department have given excellent service and we have again received every help from the Clerk of the Council and other Officials.

Although this report appears over my name, it is, of course, a report on the work of the whole department which all members have shared.

I have the honour to be, Ladies and Gentlemen,

Your obedient servant,

FRANK APPLETON,

Medical Officer of Health.

August, 1956.

## ADOPTIVE ACTS, BYE-LAWS, ETC.

Cleansing of Footways—1892.  
Scavenging—1892.  
Prevention of Nuisances—1892.  
Common Lodging Houses—1892.  
Slaughterhouses—1892.  
Smoke Abatement—1931.  
New Streets—1931.  
Building Bye-Laws—1939.  
Handling and Wrapping of Food—1950.

---

# Annual Report of the Medical Officer of Health

FOR THE YEAR 1955.

---

### STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

AREA (in Acres) ... ..	5,951
POPULATION : Census 1951, 19,275 ... 1955 (est.)	18,960
AVERAGE NUMBER OF PERSONS PER ACRE ...	3.19
NUMBER OF INHABITED HOUSES ... ..	7,134
AVERAGE NUMBER OF INHABITED HOUSES PER ACRE ... ..	1.20
AVERAGE NUMBER OF PERSONS PER HOUSE ...	2.66
RATEABLE VALUE ... ..	£100,202
PRODUCT OF A PENNY RATE ... ..	£383 16s. 3d.

The Manager of the Elland Employment Exchange has kindly informed me that at the end of 1955 the number of unemployed persons in the Elland area was 27 men and 14 women.

This figure includes 21 men and 10 women part-time workers in the Textile industry. The others, wholly unemployed, have with the exception of one man, since been placed in employment.



## EXTRACTS FROM VITAL STATISTICS FOR THE YEAR.

### Live Births—

					M.	F.	Totals
Legitimate	...	...	...	...	126	126	252
Illegitimate	...	...	...	...	10	4	14
Total	...	...	...	...	136	130	266

Live Birth Rate : 14.0 per 1,000 of estimated resident population.

### Still Births—

					M.	F.	Totals
Legitimate	...	...	...	...	2	4	6
Illegitimate	...	...	...	...	1	—	1
Totals	...	...	...	...	3	4	7

Still Birth Rate per 1,000 total (live and still) births : 25.6

### Deaths—

					M.	F.	Totals
					139	124	263

Crude Death Rate 13.9 per 1,000 of estimated resident population.

Adjusted Death Rate 12.4 per 1,000 of estimated resident population.

### Deaths following Childbirth—

					Deaths.	Rate per 1,000 total (live & still) births
Puerperal Sepsis	...	...	—			Nil
Other Maternal Causes	...	...	—			Nil
Total	...	...	...	—		Nil

### Death Rate of Infants under one year of age—

All Infants per 1,000 live births	...	...	...	41.4
Legitimate Infants per 1,000 legitimate live births	...	...	...	39.7
Illegitimate Infants per 1,000 illegitimate live births	...	...	...	71.4
Deaths from Diseases of the Heart & Circulation (all ages)	...	...	...	106
Deaths from Cancer (all ages)	...	...	...	34
Deaths from Measles (all ages)	...	...	...	—
Deaths from Whooping Cough (all ages)	...	...	...	—



TABLE 1.

## CAUSES OF DEATH OF ELLAND RESIDENTS IN 1955.

Causes of Death.				1955.		
				M.	F.	Total.
1. Tuberculosis—respiratory	...	...	...	—	—	—
2. Tuberculosis—other	...	...	...	1	—	1
3. Syphilitic disease	...	...	...	1	—	1
4. Diphtheria	...	...	...	—	—	—
5. Whooping Cough	...	...	...	—	—	—
6. Meningococcal infections	...	...	...	—	—	—
7. Acute poliomyelitis	...	...	...	—	—	—
8. Measles	...	...	...	—	—	—
9. Other infective and parasitic diseases	...	...	...	—	—	—
10. Malignant neoplasm, stomach	...	...	...	4	2	6
11. Malignant neoplasm, lung, bronchus	...	...	...	3	1	4
12. Malignant neoplasm, breast	...	...	...	—	2	2
13. Malignant neoplasm, uterus	...	...	...	—	2	2
14. Other malignant & lymphatic neoplasms	...	...	...	7	13	20
15. Leukaemia, aleukaemia	...	...	...	—	—	—
16. Diabetes	...	...	...	1	2	3
17. Vascular lesions of nervous system	...	...	...	16	20	36
18. Coronary disease, angina	...	...	...	40	16	56
19. Hypertension with heart disease	...	...	...	1	8	9
20. Other heart disease	...	...	...	14	17	31
21. Other circulatory disease	...	...	...	6	4	10
22. Influenza	...	...	...	3	1	4
23. Pneumonia	...	...	...	3	4	7
24. Bronchitis	...	...	...	8	7	15
25. Other diseases of respiratory system	...	...	...	4	1	5
26. Ulcer of the stomach and duodenum	...	...	...	6	—	6
27. Gastritis, enteritis & diarrhoea	...	...	...	—	—	—
28. Nephritis and nephrosis	...	...	...	3	2	5
29. Hyperplasia of prostate	...	...	...	3	—	3
30. Pregnancy, childbirth, abortion	...	...	...	—	—	—
31. Congenital malformations	...	...	...	1	—	1
32. Other defined and ill-defined diseases	...	...	...	6	15	21
33. Motor vehicle accidents	...	...	...	1	1	2
34. All other accidents	...	...	...	4	5	9
35. Suicide	...	...	...	3	1	4
36. Homicide and operations of war	...	...	...	—	—	—
Totals				139	124	263

## VITAL STATISTICS.

The estimate of the population of Elland is the mid-year estimate of the Registrar General. His estimate is 18,960, compared with 19,030 for 1954. He considers, therefore, that the population has decreased by 70.

The crude birth rate for the year is 14.0 per 1,000 of the population. This is 1.5 above the rate for the previous year but 1.0 below the rate for England and Wales. This crude birth rate has to be adjusted by a comparability factor of 1.05 to bring it into line with that of the Country as a whole, and this gives us an adjusted birth rate of 14.7. This compares with an adjusted birth rate for the Administrative County of 15.4.

There were 14 illegitimate births, representing 5.3 per cent. of the total live births and an illegitimate birth rate of 0.74 per 1,000 of the estimated population.

During the year there were 7 stillbirths, one of which was illegitimate. This give a rate of 25.6 per 1,000 (live and still) births. The County rate is 26.4 and the rate for England and Wales is 23.1.

The death rate for the Urban District is 13.9 per 1,000 of the population. This is 1.1 above the rate for last year. The comparability factor for obtaining the adjusted death rate is 0.89, and using this factor we have an adjusted death rate of 12.4. This compares with an adjusted death rate of 12.3 for the Administrative County and 11.7 for England and Wales.

The chief causes of death this year were, in order of frequency :—

1. Diseases of the Heart and Circulation—106 (26 more than in 1954).
2. Vasc. Lesions of Nervous System—36 (compared with 48 in 1954).
3. Cancer—34 (compared with 48 in 1954).
4. Pneumonia, Bronchitis, Influenza and other respiratory diseases—31 (compared with 18 in 1954).

It is considered that some of the illness from Pneumonia, Bronchitis, Influenza and other respiratory diseases will be prevented when we reduce the amount of smoke nuisance in the district. With impending legislation this should be possible.

## Infant Deaths.

There were eleven Infant Deaths in the Urban District of Elland during 1955, compared with five last year, and the Infant Death Rate is 41.4 per thousand live and still births. This is the highest number of infant deaths occurring in this Urban District for many years and the Infant Death Rate of 41.4 compares with the rate for the Administrative County of 26.2 and for England and Wales of 24.9. Last year the rate for Elland was 21.0.

When we are dealing with small figures such as these, it is necessary not to attach too much importance to them and we have a steady record throughout the years of comparatively low infantile mortality. A fall in the birth rate, or a rise of one in the number of children dying makes a considerable difference but the fact remains that this year the rise has been substantial and the number of deaths is more than double, so I think it would be helpful to analyse them.

Table 2 gives details of all the cases of infant deaths in Elland and the age at which they occurred. Six of the deaths occurred at under 4 weeks of age and are therefore classed as Neo-Natal Deaths. Four of these children were born prematurely, two being born at home and two in hospital. The two born at home were immediately transferred to hospital and died in hospital. The weights of the premature children are given in Table 3. The other two neo-natal deaths occurred in children with congenital malformations. It is difficult to see how any preventive measure subsequent to birth would have avoided these deaths.

Of the remaining five deaths, one was a premature infant who weighed 3 lbs. 10 ozs. at birth and had a congenital malformation, and who died of Pneumonia. There were three other deaths from Broncho-Pneumonia—a child aged 6 months, a child aged 8 months and one aged 10 months. None of these deaths occurred during the summer months. The remaining death occurred in a child who was involved in a motor accident, and later developed Meningitis and Hydrocephalus.



**TABLE 2.**  
**CAUSES OF INFANTILE MORTALITY IN ELLAND URBAN DISTRICT, 1955.**

Cause of Death									Total
	Under 24 hours	1—7 days	8—14 days	15—21 days	22—28 days	1—3 months	3—6 months	6—12 months	
Prematurity ... ..	—	4	—	—	—	—	—	—	4
Broncho-Pneumonia ...	—	—	—	—	—	1	—	3	4
Congenital Malformations	1	1	—	—	—	—	—	—	2
Motor Vehicle Accident ...	—	—	—	—	—	—	—	1	1
Totals ...	1	5	—	—	—	1	—	4	11

**Premature Births.**

There were 27 children born prematurely during the year. It will be seen from the Table appended that all except four of these children survived one month.

**TABLE 3.**  
**TABLE SHOWING BIRTH WEIGHTS OF PREMATURE INFANTS.**

**Domiciliary Confinements.**

Birth lbs.	Weight ozs.	No. of Infants	No. of Infants 24 hours	Infants who survived 1—7 days	1 month
5	8	1	1	1	1
4	12	1	1	1	1
4	4	1	1	1	1
3	12	1	1	—	—
3	4	1	1	1	1
2	12	1	1	—	—
Totals		6	6	4	4



### Institutional Confinements.

Birth lbs.	Weight. ozs.	No. of Infants	No. of 24 hours	Infants who survived 1—7 days	1 month
5	8	1	1	1	1
5	7	1	1	1	1
5	6	2	2	2	2
5	5	1	1	1	1
5	4	3	3	3	3
5	3	1	1	1	1
5	1	4	4	4	4
5	0	1	1	1	1
4	15	1	1	1	1
4	12	1	1	1	1
4	0	1	1	—	—
3	13	1	1	1	1
3	10	1	1	1	1
3	6	1	1	1	1
1	10	1	1	—	—
Totals		21	21	19	19

### Maternal Deaths.

There were no maternal deaths in Elland during 1955.

## GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

### Laboratory Facilities.

The Public Health Laboratory, Wakefield continued to receive clinical material and milk samples for bacteriological examination, while chemical analysis was carried out by Messrs. Lea & Mallinder, Public Analysts, Halifax.

### Ambulance Facilities.

Particulars of cases transported by ambulance during the period 1st January to 31st December, 1955, are attached hereto. It has been impossible to separate the figures for Elland as the return is made on a Depot basis, but approximately the figures are one third of those given in the table. The totals for last year are given in brackets at the end of the columns.

A satisfactory feature of the return is that although the number of patients carried is greater than last year, the distance travelled is less.

TABLE 4.

WEST RIDING COUNTY COUNCIL AMBULANCE SERVICE.

BRIGHOUSE DEPOT.

Statistical Return for the period January — December, 1955.

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
1. Patients													
(a) Admissions	198	155	181	165	184	154	167	161	136	160	148	152	1961 (1884)
(b) Discharges	64	60	72	66	53	51	55	49	50	73	70	71	734 (741)
(c) Transfers	29	14	18	10	17	11	19	7	25	24	12	27	213 (163)
(d) Out-patients	945	909	999	953	973	1006	939	1052	1055	1205	1240	1050	12326 (11344)
(e) Accident patients	26	25	33	42	26	43	69	55	35	53	47	48	502 (466)
Total No. of Patients	1262	1163	1303	1236	1253	1265	1249	1324	1301	1515	1517	1348	15736 (14598)
2. Analysis of Patients													
Male	472	478	507	449	444	489	547	633	564	623	633	579	6418 (6065)
Female	790	685	796	787	809	776	702	691	737	892	884	769	9318 (8533)
Stretcher	255	255	507	250	310	252	259	254	265	305	266	299	3477 (2632)
Sitting Case	1007	908	796	986	943	1013	990	1070	1036	1210	1251	1049	12259 (11966)
Child	57	51	40	67	34	75	68	53	36	54	94	53	682 (817)
Baby	15	7	2	11	6	10	4	22	39	47	13	5	181
3. Further Analysis of Total Patients in Part 1 above less (d) and (e)													
Urgent	92	79	77	91	101	85	87	66	65	88	78	81	990 (892)
Maternity	34	27	26	42	39	28	32	18	21	33	24	29	353 (306)
Infectious	5	3	13	8	3	6	2	5	3	14	3	7	72 (186)
Mental	2	—	—	3	2	3	5	—	3	—	3	3	24 (36)
General Patients	158	120	155	97	109	94	115	128	119	122	122	130	1469 (1368)
4. Journeys	351	310	350	354	321	345	385	323	338	349	360	334	4120 (3836)
Miles	9255	7946	9338	8905	8567	9052	9386	8924	8683	9957	9790	8908	108711 (99248)

(The totals in brackets are last year's figures).

## **Nursing in the Home.**

The same team of nurses has been responsible for the Home Nursing Service in the Elland Urban District ; Miss Carter being the nurse in charge of the Elland area and Mrs. Mills of the Greetland area. Mrs. Mager continued to combine the duties of District Nurse and Midwife in the Stainland area.

Altogether 12,172 individual visits were made to patients, and 1,019 new cases were treated during the year. There was an increase in the number of visits in the areas of all three Nurses. Miss Carter and Mrs. Mills are now exceeding 4,000 visits a year. With one day's off-duty a week, and five weeks holiday a year, this means that an average of about 15 visits are paid daily, and if the numbers increase further it will probably be necessary to obtain the services of an additional nurse.

The Home Nursing Service provides a great deal of comfort and saves a good many hospital beds. The old people in particular welcome the District Nurse as a guide, comforter and friend, and she and the Health Visitor play a big part in increasing the happiness of the old folk.

Since the Home Nursing Service became the responsibility of the Local Health Authority there has been a steady increase in the Elland area in the demand on this service, and like its sister service, the Home Help Service, present trends in population are likely to increase its usefulness.

## **Domestic Help Service.**

The trend of a rising demand for Home Helps has continued. The hours worked this year are equivalent, approximately, to eight Home Helps working a 44-hour week with two weeks annual holiday. The Divisional establishment is 27 so that the proportion of this establishment utilised in Elland is just about correct for the population.

The demand this year was reduced somewhat by a slight fall in the number of Home Helps requested for maternity cases. The surprising feature about this is that last year, when the number of home confinements fell, the demand for Home Helps for maternity cases increased only to fall again this year when more babies were born at home. This helps to illustrate the difficulty in forecasting accurately the demand for Home Helps and the necessity for making the Home Help establishment an elastic one.



Gradually the number of hours worked by the Home Helps in this Urban District goes up and I give below the total number of hours worked during the years 1953 to 1955 :—

		Maternity Cases	Domestic Cases	Total
1953	...	1158	8663	9821
1954	...	2293	12799	15092
1955	...	1342	16330	17672

The question of providing a night “sitting-in” service has been considered. Where there is a young family and the mother is temporarily incapacitated, the husband can usually manage to transfer temporarily from a night shift in order to be with his family during the hours of the night but in the case of a person living alone, and particularly in the case of an old person living alone, there is perhaps a case to be made out for the provision of night “sitters-in.” A service of this kind is very difficult. Obviously the person cannot be paid at the same rate as a Home Help who works during the hours of duty, and the last thing we should want to do is to encourage relatives to rely on a service of this kind to relieve them of what should be held to be a reasonable duty. It is true that during a long illness great demands are made on willing relatives and that the burden often falls on one or two when it should be spread among many. It does appear to me that a service of this kind should be voluntary and if there becomes a growing demand for it something might be arranged through the three Clubs now functioning. I should not wish for the local Health Authority to provide a service more properly done by relatives or near friends and neighbours, or a voluntary agency. Although old people have to wait sometimes for long periods for the provision of a bed in hospital, on the whole the local Hospital Management Committees are able to admit most of the really urgent cases.

There is a better case to be made out for the provision of a “meals-on-wheels” service for old people, and I feel there is scope for the provision of a service of this kind on a voluntary basis. Such a service would relieve our Home Helps and would be a real boon to many of the old people whose nutritional requirements are often not met satisfactorily by their normal diet. Such a service might well obtain the meals through the School Meals Centres and I consider that the benefit derived would be disproportionate to the cost involved.

Whether we like it or not, the number of old people in the community is increasing and will increase. It is our duty to consider how to improve their position at a reasonable cost.



There were 56 cases in the Elland area being provided with a Home Help at the beginning of 1955, and 62 new cases were attended during the year. At the end of the year, 57 cases were still being attended.

Of the 118 cases attended in 1955, 87 were for the care of old people, 6 were where the housewife was ill, and 25 were maternity cases. In 20 of the maternity cases the Home Help was provided for 14 days, and in two others the Home Help had to be continued well into the post-natal period. A Home Help was also provided in two cases for ante-natal care only and in one case for post-natal care only, the babies being born in hospital.

### **Clinics and Treatment Centres.**

The Table of Clinics and Treatment Centres is appended in Table 5.

TABLE 5. CLINICS AND TREATMENT CENTRES.

Name.	Situation.			When Open.
Combined Ante-Natal and Post-Natal Clinics ...	St. Paul's Methodist School, Elland	St. Paul's Methodist School, Elland	Alternate Mondays, 2 p.m. to 4 p.m.	
Infant Welfare Clinics ...	Clay House, Greetland ...	Clay House, Greetland ...	Alternate Wednesdays, 2 p.m. to 4 p.m.	
	St. Paul's Methodist School, Elland	St. Paul's Methodist School, Elland	Every Wednesday, 2 p.m. to 4 p.m.	
	Clay House, Greetland ...	Clay House, Greetland ...	Every Tuesday, 2 p.m. to 4 p.m.	
Diphtheria Immunisation Clinics	Immunisation is carried out at all Minor Ailment Clinics and Infant Welfare Centres and booster doses are given in the schools.			
Minor Ailments Clinics ...	St. Paul's Methodist School, Elland	St. Paul's Methodist School, Elland	Every Mon. and Wed., 9-30 a.m. to 12 noon.	
	Clay House, Greetland ...	Clay House, Greetland ...	Every Tues. and Thurs., 9-30 a.m. to 12 noon.	
Artificial Sunlight Clinics	St. Paul's Methodist School, Elland	St. Paul's Methodist School, Elland	Every Mon. and Wed., 9-30 a.m. to 12 noon.	
	Clay House, Greetland ...	Clay House, Greetland ...	Every Mon. and Thurs., 4 p.m.	
Remedial Exercises	Brook House, Atlas Mill Road, Brighouse ...	Brook House, Atlas Mill Road, Brighouse ...	Every Tuesday, 10 a.m.	
Ante-Natal and Post-Natal Exercises ...	Brook House, Atlas Mill Road, Brighouse ...	Brook House, Atlas Mill Road, Brighouse ...	Every Tuesday and Friday, 2 p.m. to 4 p.m.	
Remedial Exercises	Clay House, Greetland ...	Clay House, Greetland ...	Every Tuesday, 10-30 a.m. to 12 noon.	
Ante-Natal and Post Natal Exercises ...	St. Paul's Methodist School, Elland	St. Paul's Methodist School, Elland	Every Monday, 2 p.m.	
Tuberculosis Dispensary	Royal Halifax Infirmary ...	Royal Halifax Infirmary ...	Mon., Tues., Wed. and Thurs., 9-15 a.m. to 12 noon.	
Venereal Diseases Clinics	Royal Halifax Infirmary ...	Royal Halifax Infirmary ...	Females—Tuesday, 2 p.m. to 4-30 p.m.; 5 p.m. to 7 p.m.	
			Males—Thursday, 2 p.m. to 4-30 p.m.; 5 p.m. to 7 p.m.	
do.	York Place, New North Road, Huddersfield ...	York Place, New North Road, Huddersfield ...	Monday, 2—4 and 5—7 p.m.	
			Wednesday, 10 a.m.—12 noon and 2—4 p.m.	
			Friday, 2—4 and 5—7 p.m.	
Consultant Ophthalmic Clinic ...	Clay House, Greetland ...	Clay House, Greetland ...	Alternate Thursdays 10 a.m.—12 noon. (By appointment).	
Consultant Clinics, Ear Nose and Throat and Orthopaedic	Brook House, Atlas Mill Road, Brighouse ...	Brook House, Atlas Mill Road, Brighouse ...	By appointment.	
Speech Therapy ...	Brook House, Atlas Mill Road, Brighouse ...	Brook House, Atlas Mill Road, Brighouse ...	Monday, 9 a.m. to 12 noon. } By appointment.	
			Tuesday, All day.	
Psychiatric Clinic	Brook House, Atlas Mill Road, Brighouse ...	Brook House, Atlas Mill Road, Brighouse ...	Thursday, 2 p.m.	

## HOSPITALS.

### Infectious Diseases.

Cases of infectious diseases have been admitted as last year to the Northowram Hall Hospital and the Leeds Road Hospital, Bradford. With the fall in infectious diseases in recent years it has been possible to devote much of Northowram Hall Hospital to the care of Tuberculosis, and cases requiring extensive treatment are now taken to Leeds Road Hospital.

### Tuberculosis.

With the increased preventive measures, including the follow-up and tracing of contacts, the incidence of Tuberculosis has been reduced, and this reduction in incidence has been accompanied by the use of modern drugs for treatment which has cut down the period in sanatorium.

At the end of the year, the two Sanatoria which take most of our cases (Shelf Sanatorium and Northowram Hall Hospital) both had empty beds. Early treatment of cases rendered possible by the provision of sufficient beds should help us in our work against this disease by the early removal of infectious cases from the community.

### Maternity.

The hospital accommodation provided for maternity cases is excellent in this area. Some of our cases went to Huddersfield and Bradford but the majority were delivered in either the Halifax General Hospital or the Royal Halifax Infirmary. I understand that in the future all maternity work of the Halifax area will be centralised at the Halifax General Hospital. This Hospital also provides us with a "Flying Squad" for the provision of blood transfusions and emergency treatment at home in cases of home confinement. We have received full information regarding mothers and babies when they are discharged from hospital.

On the whole we have felt that in respect of maternity treatment the number of hospital beds provided has been rather more than adequate and there has been a continuing trend over the years towards hospitalisation of normal confinements. Recently, however, the Halifax Hospitals have tried to limit admission to first babies and those where the home conditions are not suitable for a child to be born at home, and, of course, cases in which there were medical reasons for hospital delivery.

### Old People.

There still remains a shortage of hospital accommodation for old people, but when an admission becomes really urgent it is usually possible to find a bed. There is naturally some reluctance on the part of the hospitals to admit people living alone unless it is



quite certain that it is hospital accommodation they require as, due to the shortage of accommodation in welfare homes, hospitals find it extremely difficult to transfer these patients when they have recovered from their immediate illness. It is understandable that there is a tendency for old people living alone at home with no relatives or friends to be admitted rather sooner to a welfare home than old people similarly placed who are in hospital recovering from a recent illness. This position leads to difficulties and we find there are cases which the hospitals are unwilling to admit as serious enough for hospital cases and which the Welfare Officer regards as unfit for admission to a welfare home. Generally this type of case has to be cared for by us through the Home Help and Home Nursing Services until the patient becomes quite unmistakably a case for either a hospital or a welfare home. Most old people from this area are admitted to St. John's Hospital, Halifax, or to one of the Bradford or Huddersfield Group of hospitals.

## MATERNITY AND CHILD WELFARE.

### Health Visitors.

Each year in reporting on the work of the Health Visitors I have stressed the importance of this service. Midwives and Home Nurses have definite, concrete clinical duties but the Health Visitors' work is much more difficult to assess. For some years we have worked with a limited staff and there has been a tendency for Health Visitors' work to become more selective in nature. There is no doubt that a great deal of the work of a public health department, which is primarily concerned with community health, must consist of the care and protection of the weaker members of the community, and it has long been established that the Health Visitors' work, concerned as she is with the whole family unit, must be very largely with the oldest and youngest members of the family, for it is the old person and the young child who need most help.

With the growth of knowledge largely provided by the Health Visitor and the Maternity and Child Welfare Clinics but supplemented by a vast amount of reading matter in the popular journals, some of it unfortunately contradictory, and advice received from the Hospitals and General Medical Practitioners, the standard of child care has improved enormously, and the young mother of today is comparatively well equipped. It is natural that with the increased standard of child care there has been a tendency for the Health Visitor to concentrate more and more on the difficult families and to spend less time with the families who do not apparently require so much help. There has been a regrettable tendency for the expression "selective visiting" to become more and more used in knowledgeable circles. I have never whole-



heartedly been able to subscribe to the view that a Health Visitor's attention should be given to the problem families and difficult homes to the exclusion of the young mother who needs her help. It is surprising how many problems occur in the best of households. Human children are individuals and although they are possessed of a great deal of resilience and resistance to the many hazards that beset them, it is surprising how much help can be given, particularly to the mother of a first baby. This timely help may be the means of avoiding much unnecessary anxiety. A knowledge which to a mother who has several children becomes so much a pattern of life as to be described as "commonsense" has often still to be learned and the value of the Health Visitor in the good homes cannot be overestimated. A well-run child welfare centre can never be a substitute for a visit by a well-trained, sympathetic person to a home, where the family is seen in its own environment.

The Health Visitor, with her background knowledge of nursing and midwifery, and her special knowledge of social medicine, can help the family in almost every facet of life. Her work must be primarily educational but it is educational in the widest sense. It is an education in living. She has to give advice on food and diet, household management, clothing and dressmaking, and is often consulted on family spending and on intimate domestic problems. She is equipped to advise on the various facilities open by local authority and national and voluntary sources. She is almost always school nurse and follows the child from ante-natal days to adult years.

The Health Visitor is being called upon more and more by the General Medical Practitioners to advise on social problems but there is ample scope for an enlargement of her work in this direction. Her work with the old people is supplemented by the Home Help Service and by the various Old People's Clubs that exist. She is the guide, comforter and friend of the family and as such is the recognised corner-stone of the work of the preventive medical service in the home.

In the few years that I have been in this district there has been a noticeable improvement in the general standard of child care and the number of families which can be designated as problem families has diminished. There is no doubt that much of this improvement can be attributed to the Health Visiting Service.

Miss F. R. Handy was appointed as Health Visitor in place of Miss Brierley who took up a hospital appointment in the middle of the year. We were fortunate in obtaining Mrs. M. Grainger as Assistant Health Visitor. This lady, who is a State Registered Nurse and Midwife, is proving a valuable addition to the staff.

**TABLE 6.**  
**Visits paid by Health Visitors in 1954 and 1955.**

	1954.	1955.
Visits to New Births ... ..	240	296
Visits to Children under 1 year ...	1689	2764
Visits to Children 1 to 5 years ...	2674	3906
Visits to Expectant Mothers ... ..	78	56
Miscellaneous ... ..	1999	1957
Totals ...	6680	8979

### **Problem Families.**

The time of the Health Visitor spent with families who for want of a better term are called problem families is out of proportion to that spent with the normal family. Not included in this category are several families which experienced Social Workers know to have many of the characteristics which, without appropriate action at the proper time, may develop. One of the reasons why we feel that selective visiting must never be allowed to take the place of regular, routine, systematic visits, particularly to the homes of those people who do not attend the Maternity and Child Welfare Centres, is that families which may become problem families can be watched, advised and helped before their bad habits and apathetic attitude become well grounded.

Last year an account was given of a typical problem family. This case was a bad one and we have no-one in Elland at the present time as bad as this. We now have only six families in the whole of the Elland Urban District which can be designated as problem families. All of these have improved to some extent and some of them might have been thought some years ago not to merit the title of "problem family." All of them, however, have the well-known tendency of problem families, a tendency to back-slide. If improvement is to be maintained constant vigilance is necessary. Many other families are on the fringe and I am confident that some of them would by now have become well-established problem families without the serious attention and painstaking advice of the Health Visitor. This work is long-term work. We do not see improvement overnight, or if we do this is not maintained over a period. It is only after a period of years with our knowledge of previous conditions that we can properly assess the position, and I am happy to say confidently that there is an improvement both in the number and the nature of our problem families.



## Midwifery and Maternity Services.

Mrs. Crossley, who as the Midwife responsible for the work in Elland and Greetland had done excellent service, decided to return to Hospital for teaching experience, and from August until the end of the year, we were without a midwife for the greater part of Elland. This was principally due to the lack of applicants for the post as there was no house available for a midwife and we have reason to be grateful to the Council for them allowing us the tenancy of the flat at West Vale, without which it is doubtful if a midwife could have been obtained. Miss Lister, one of the midwives stationed in Brighouse, cheerfully undertook additional duties and the area was covered admirably during this intervening period, which was, however, a period of anxiety. Mrs. Mager continued to act as Home Nurse/Midwife at Stainland.

The number of home births showed a welcome increase on last year and it appears that there is some slowing down of the trend towards hospital confinement. Even so, only 69 children were born at home out of a total of 273 births. It is my opinion that the number of hospital confinements is far too large. I think there is no doubt that the proper place for a confinement to be is at home and that the mother, the centre and pivot of the whole family, should not have to go away from her home for a physiological process. The older child is very much less disturbed by the arrival of a new baby when the baby arrives while the mother is still at home than he is when the mother goes away and comes back with a new arrival. Instead of welcoming him on her return she appears to spend more time with the new baby, and it is small wonder that jealousy and behaviour problems occur. We have found, too, that a mother often worries less about her household while she is at home with a competent Home Help and a Nurse whom she knows and trusts, for she knows what is going on at home whereas when she is away she has to hear about it from others, and often her imagination finds difficulties which do not exist. The Hospitals in this area are excellent but they are no substitute for a domiciliary confinement when the case is normal and there is already one child.

Because of the increased demand for hospital beds, women are being discharged well before their fourteenth day. They come home to rest for the remainder of the puerperium. Rest is indeed still necessary for them but many of them plunge themselves at once into household duties.

Of course there are sound medical reasons and social grounds for hospital confinement. We still have many houses which are not suitable for domiciliary confinements. There are so few Council houses available that these have had to be supplied to the



larger families and there has been a tendency for the woman who has finished having her family to occupy a Council house. At one time we expected a large preponderance of confinements in Council houses but now this is not nearly so marked. I hope the trend towards hospitalisation will be halted. There is another reason why we have some anxiety about the position. If the fall in home confinements were to continue, it might be necessary to revise our establishment and for the Elland Midwife to enlarge her area.

The trend in home confinements is shown by the following figures. In 1951, only 16% of babies were born at home, in 1952 19%, in 1953 22 %, in 1954 20%, and this year 25 %. It will be appreciated that 75 % is a high percentage of babies born in hospital.

The work done by the midwives is set out in Table 7 which follows :—

**TABLE 7.**  
**Work done by the Midwives during 1955.**

Labours conducted:	(a) as midwives	...	...	69
	(b) as maternity nurses	...	...	nil
	(c) total	...	...	69
Ante-natal visits	...	...	...	496
Post-natal visits	...	...	...	1217

#### **Ante-Natal Clinics.**

Table 8 gives particulars of the attendances at the Ante-Natal Clinics. It will be seen that only 45 mothers attended our Ante-Natal Clinics. There has been a tendency in recent years for a fall in the number of mothers attending this Clinic. The reason for this fall is that many Doctors are now preferring to do their own ante-natal work, and all expectant mothers had some ante-natal care either at the hospital, their own doctor or our Ante-Natal Clinic. Some, indeed, attended our Clinic in addition to the hospital and the medical practitioner. The numbers attending were considered to be so few that during a period of shortage of medical staff, the Ante-Natal Clinic was held at Elland immediately before the Child Welfare Clinic. It was found that this was not altogether successful as unless the expectant mothers attended promptly the work of the Centre was held up and women in an advanced state of pregnancy did not wish to be present along with the mothers bringing their babies, so that we have reverted to our old arrangement. As the Maternity and Child Welfare Clinic is held weekly, this accounts for the larger number of sessions held.

**TABLE 8.**  
**Attendances at Ante-Natal Clinics.**

	1952.	1953.	1954.	1955.
Number of Sessions ... ..	39	36	40	53
Total number of individual expectant mothers ...	72	72	50	45
Total number of attendances	172	254	194	178
Average number of patients per session ... ..	4.41	7.06	4.85	3.36

### **Post-Natal Clinics.**

Only three patients attended the clinics post-natally, but almost all the mothers received a post-natal examination either at the hospital, from their own Doctor, or at the clinics. It is not always easy to persuade the mothers to have a post-natal examination, necessary though this is, as after delivery their interest is concentrated on the baby rather than on themselves.

### **Relaxation Clinic.**

This Clinic is a useful supplement to our Ante-Natal Clinic. An experienced Midwife, herself a mother, gives instruction in methods of relaxation during the first stage of labour. She is able to tell mothers-to-be exactly what they may expect during the confinement and to advise them on simple exercises to strengthen their muscles. At the same time she instructs them in the care of the breasts and in breast feeding after delivery, and it is noticeable that it is extremely rare that one of the mothers cannot feed her baby afterwards.

Many letters have been received and in almost every case mothers have expressed gratitude and enthusiasm for help given at the classes. This appreciation has not been confined to the patients as grateful fathers telephoned to report births. Every endeavour has been made to make the atmosphere of the classes social and friendly. When these classes began, pregnant women were not keen on mixing with each other to carry out exercises and instruction but as they have gone on we have found that the mothers gain confidence in their relationship with each other. The talks are always given in groups and group discussion follows. Fears are unravelled and the Midwife in charge describes it as 'a very rewarding occupation.'

It is noteworthy that the 56 mothers made 387 attendances at 46 sessions. Of the mothers attending, none had to have instrumental deliveries, and 45 out of the 49 deliveries breast fed their baby without any supplementary feeding. I am sure this Clinic has a great future provided we can continue to have the services of the kind, sympathetic, knowledgeable, experienced woman who holds it.

In some areas physiotherapists are employed to instruct in relaxation and exercises but we feel very strongly that this work is best done by an experienced midwife who is trained in these methods.

Thirty-four mothers attended for post-natal exercises, but they only made 43 attendances.

### **Infant Welfare Centres.**

In Table 9 below it will be seen that there was an increased total attendance at the two Centres situated in the Urban District of Elland. Of recent years there has been a tendency for numbers attending the Greetland Clinic to increase and the numbers attending the Elland Clinic to go down but there has been an overall trend towards less frequent attendances. This year this trend has been reversed and the total attendances are higher both for the children over and under one year of age and more new cases were registered at both Elland and Greetland Clinics. There are several reasons why we can expect higher attendances at Greetland Clinic. The provision of new Council houses at Stainland and Greetland is one reason, the Council Estate at Elland being situated further away from the Clinic. Another reason is that the Clinic premises at Greetland are so very much more satisfactory, and, of course, the Clinic is situated in the geographical centre of Greater Elland. It is unfortunate that we still have to use the Sunday School buildings in Elland. Some improvement was made this year by the installation of hot and cold water and gas fires but the Clinic is not satisfactory in all respects and we are very grateful to the Urban District Council for the comparatively good facilities provided at West Vale.

The number of toddlers attending the Clinics is still not sufficiently high. It will be seen that less than half the number of children over one year of age attend compared with the number of children under one year of age.



**TABLE 9.**  
**Attendances at the respective Infant Welfare Clinics in 1955.**

	Elland.	Greetland.	Totals.
Number of Sessions ... ..	52	48	100
Individual Children attending	238	251	489
Children attending for the first time ... ..	104	80	184
Medical Consultations ... ..	458	702	1160
Average number of medical consultations per session	8.81	14.63	11.60
Attendances of children under 1 year ... ..	1702	1137	2839
Attendances of children over 1 year ... ..	455	678	1133
Total attendances ... ..	2157	1815	3972
Average attendances per session	41.48	37.81	39.72

### **Ophthalmic Scheme.**

During 1955, 11 pre-school children were examined at the Ophthalmic Clinic. Spectacles were prescribed in seven cases. Particulars are as follows :—

Strabismus ... .. 11

## **MENTAL HEALTH.**

### **Mental Health Preventive Service.**

The maintenance of satisfactory mental health is becoming an increasingly recognised and increasingly important part of our work. It falls into three main categories : work with educationally sub-normal children, who range from the child who is slightly retarded through the one who is ineducable in an ordinary school to the child who is ineducable in a special school, and the adult who needs supervision after leaving school ; the after-care of cases who have been in mental hospitals, either as voluntary or certified patients, and work with patients who do not require mental hospital treatment but, unless their condition is recognised early and appropriate advice and help given at this stage, may require such treatment. It is in this third group of people that it is considered that the greatest scope of a preventive mental health service lies.

There still remains in the public mind a fear and an unwillingness to recognise that they, or any of their relatives, are, or could be, mentally ill, and early anxieties and latent symptoms are allowed to progress until they become frank mental illness recognised by all with whom they come into contact. General Practitioners, Health Visitors and Medical Officers associated intimately with children and mothers in the intimacy of their own

homes and clinics have an opportunity of recognising their early mental illness. When I was responsible for an ante-natal hostel to which we admitted patients tired and requiring a rest during their pregnancy, it was remarkable how many of these patients were found to be suffering from worries and anxieties, the resolution of which contributed a great deal to their physical improvement. I had felt too that cases discharged from mental hospitals for whom we become responsible for their after-care might willingly attend at one of our clinics when they are not so willing to return to a hospital psychiatric out-patient department.

Dr. Affleck, the Regional Psychiatrist, agreed that there was a case for an experiment to be conducted in the establishment of a psychiatric clinic in our own clinic premises and promised to allow us the services of a psychiatrist at one weekly session for an experimental period. The County Medical Officer agreed that these premises should be made available and that the Psychiatrist appointed should have the services of our Mental Health Social Worker and the necessary clerical assistance. One of the Assistant County Medical Officers, Dr. Atkinson, who is interested in this type of work, agreed to devote her session allowed for hospital attendance to assistance at this clinic. It was thought best to exclude children of school age who would normally fall under the child guidance provisions of the County Council, but several school children were referred during the period between one appointment and another in the Child Guidance Service of the County Council. The General Practitioners were all informed about the inauguration of this clinic and since its inception many of them have expressed a great satisfaction at the help they have received.

Run on preventive lines, it was decided at the outset that no drugs or treatment should be given at the Clinic but that drugs should be prescribed by their own Doctor through the National Health Service, and if further treatment was needed this should be arranged through the Hospital Service.

It has been inevitable that late as well as early cases have been referred, and particularly this was so at the beginning, but there have been a fair number of early cases. Dr. Atkinson and Miss Wroe, the Mental Health Social Worker, have willingly worked into the late evening to accommodate people who were working and could not attend until after normal working hours, and Mrs. Cheetham, the clerk in the department, has also stayed long after normal hours. Every endeavour has been made to keep the atmosphere as quiet and as homely as possible, and we have found that after-care cases who would not willingly attend the hospital, readily come to our clinic, and that many have benefited in doing so.



This clinic has been a great help to the Mental Health Social Worker in helping her to settle their problems but all that we have been able to do would have been useless unless we had had the full co-operation of Dr. Crotty, the Psychiatrist appointed, who has helped us in every possible way.

The Clinic was established in June and at the end of 1955 had been running for seven months, and already I consider that it has justified its inception. I hope it will be the fore-runner of others.

The report of Dr. Crotty, the Psychiatrist, on the work of this Clinic during 1955 is appended below.

### **The Brighouse Psychiatric Out-Patient Clinic.**

This clinic was opened on the 28th June, 1955, and is therefore moving towards its first anniversary. Looked at simply as a psychiatric out-patient clinic it has justified itself: there have been referrals which would average out at about two new cases per session—as many as one man can see if all are to get a proper chance. Those attending have been given time to discuss their problems, and many appear to have benefitted from their attendance.

But in some ways this clinic was a trial balloon. It was held under public health auspices, in a large, formerly private house converted to public health purposes, there was no direct prescribing of drugs (instead letters suggesting this or that medication were sent to the patients' doctors), the functions of nurse and social worker were both carried out by the Local Authority Mental Health Worker, who, fortunately has had experience in both fields, and, as time went on, a female doctor on the public health staff began to help in the clinic and to participate increasingly and usefully in its work.

I had never before been closely associated with a public health group. As a result of my experience in Brighouse I am convinced, thanks to favourable personal contacts and the inevitable recognition of common problems, that personal interchange in the common field of work between the two disciplines is the best approach to giving the community an efficient service. The fact that the clinic was not held in a hospital, but in a converted house, made a difference too, although I am not sure that I could describe fully what the difference was. I like working in hospitals—both mental and general, but this does not blind me to the fact that there is a quieter and more personal air about the house in Atlas Mill Road, and that this was very appropriate to the many problems which have been discussed there these last months.



The inclusion of suggestions about medication in the reports to the patients' doctors, instead of their being prescribed direct by the psychiatrist, has been at once salutary, rewarding and frustrating. Salutary because it prunes one's powers and drives home the fact, so easily forgotten, that the family doctor is the patient's only doctor, and that all the rest of us should be built around this centre. This dependence on the family doctor is rewarding too, and in almost all cases, one sees slow and tiresome recommendations carried out with care and interest.

The clinic was designed to deal with three types of referral : cases referred by general practitioners, after-care cases (in association with the Local Authority Mental Health Worker) and family problems associated with children not of school age. In fact, at the outset we had referred to us in addition a number of schoolchildren. The appearance of a child psychiatrist for the County has made such referrals unnecessary in recent months. Our greatest source of new cases has been the general practitioner. There have been fewer seen for follow-up purposes. Often I have had previous knowledge of the cases referred for follow-up, or of those who have been discharged from hospital. One can, in these circumstances, easily determine whether follow-up interviews are necessary or whether it is sufficient to make a few recommendations to the Mental Health Social Worker. In all cases we make a point of getting the family doctor's consent before we see one of his patients. Oversight accounted for the very few exceptions to this.

A wide range of cases has been covered, but, as was hoped, the majority was made up of those whose distress or symptomatology were related to emotional problems which could be relieved by their being detected and interpreted by someone experienced in the field of human relations. I suppose it was natural that, at the outset, I should be sent a few patients who had defied all previous attempts to dislodge them from a life of invalidism. I recall one man, in his late thirties, who would not sit down, but stood at the door fiddling with his cap, and with a look which showed that he was ready to bolt at the first untoward move on my part. He had not worked for years and years—ever since his wife's first pregnancy when he developed anxiety attacks. He had made a longstanding compromise with life : he stayed at home and did the housework—i.e., did the woman's work, while his wife went out to earn their daily bread. He had no intention of giving up this arrangement for anybody. But side by side with this there have been all sorts of people who have come regularly and made serious attempts to grapple with themselves. Some need long interviews, others short.

To sum up, I am happy about the clinic. I wish to take this opportunity of thanking those who have made life easy and pleasant there—Dr. Appleton, who thought of the idea in the first place, and who has spared no pains to make it succeed ; Miss Wroe, who has been there from the start and who, in addition to her work, makes all the appointments, Dr. Atkinson who already has a foot confidently in both camps, and Mrs. Cheetham who stays late to type letters not alone without complaint, but willingly. And finally the patients and their doctors, for whom the apparatus exists, and who are using it with thoughtfulness and goodwill.

### **Mental Deficiency.**

Regular visits were made by the Mental Health Social Worker to all defectives in the area who are under supervision. The figures given in this report are for the whole Division ; it has not been thought desirable to split them up into the different districts. The number of defectives under supervision at the 31st December, 1955, was as follows :—

#### **Statutory Supervision.**

Males under 16 years of age	...	...	13
Females under 16 years of age	...	...	14
Males over 16 years of age	...	...	16
Females over 16 years of age	...	...	16

#### **Under Guardianship.**

Males over 16 years of age	...	...	—
Females over 16 years of age	...	...	1

#### **Voluntary Supervision.**

Males over 16 years of age	...	...	4
Females over 16 years of age	...	...	2

It will be seen that 66 defectives (20 male and 19 female adults and 13 male and 14 female children) were under some form of supervision. At the 31st December, 1954, 60 defectives were under supervision. Eleven defectives (6 males and 5 females) were placed on the Register during the year and five were removed (4 males and 1 female). One male and one female left the district ; two males were admitted to institutions, and one male died.

The following are the particulars of adults under supervision at the end of the year :—

Eighteen defectives were in regular gainful employment (12 males and 6 females), 5 males being employed in the textile industry, 5 as labourers, and one as a farm labourer, the remaining



male working for his father. Of the females, 4 were employed in the textile industry and 2 on laundry and domestic work. Eight female defectives were occupied at home in household tasks and handwork and 2 male defectives were carrying out occupational therapy at home supervised by the Home Teacher. Three defectives (1 male and 2 females) are suffering from crippling defects which prevent their employment, and another five defectives (3 males and 2 females) do not follow any occupation. Two males over sixteen attend Industrial Centres and one female attends the Group Training Class.

Of the 27 children, 4 are in gainful employment, 2 males being employed as labourers and 2 females employed in textiles. Thirteen (5 males and 8 females) attend the Group Training Class at Waring Green Community Centre, and five (2 males and 3 females) attend Westwood Occupation Centre. Four male defectives are unable to follow any employment and one girl is in an institution in the district.

### **Group Training Class.**

The Group Training Class, which has now been running since 1952, has proved of inestimable value and the work of Mrs. Bateson and Mrs. Brooke is of the highest quality. This class is held at the Waring Green Community Centre. It was hoped that a properly equipped small occupation centre would be established at Holme House when the Day Nursery was closed at the beginning of this year. Plans are in hand for this to be done. When it is done, it will be possible for more children and female adults to attend for group training, particularly if transport is provided. At present, the Group Training Centre is open for four days a week, and after the reconstruction in 1954, the room used for the purpose is very much more satisfactory. As the Community Centre is a School Meals Centre, it is possible to arrange for the children to have a mid-day lunch except during the school holidays, but we are not happy about the sanitary accommodation and the sooner we can move into our new premises the better it will be.

The Nursery at Holme House has good grounds. We have badly missed a suitable playing and recreation area for the children while at Waring Green. Although, by arrangement with the Divisional Education Officer, the sports ground can be used, the difficulties in crossing the main road have prevented its use on many occasions and it is, of course, often in use by the schools at a time when we should require it.

The Association for the Parents of Backward Children continues to be most helpful and they have promised to give us every help when the new Occupation Centre is opened.



**Child Guidance.**

A section on mental health would not be complete without referring to the large amount of preventive work that occurs in the child welfare centres and the surgeries of the general medical practitioners, and, of course, in the homes of patients by doctors and nurses. For every case of mental ill-health which requires psychiatric treatment, there is a large background of cases which are helped by timely advice. The role of the doctor and of the health visitor in the child welfare centre in detecting and helping cases of early mental ill-health is a feature which is of increasing importance. More and more parents are well versed in child care and the alleviation of worries and the reassuring of patients is much more important than it used to be. The help elicited in resolving small difficulties between parents is of incalculable help to the children. Children are extraordinarily susceptible to difficulties at home. Sometimes these difficulties lead to the children going to great lengths to prevent themselves noticing them and this is one of the causes in which early maladjustment arises. Another way in which the local authorities have helped in the prevention of mental ill-health is in the provision of satisfactory houses, and we feel that our work under the slum clearance scheme will provide no small contribution to this problem.

The Duly Authorised Officer, Mr. Johnson, has given me the following report on his work in the Elland Urban District during 1955 :—

Persons removed as certified patients to Mental Hospitals	
under Section 16, Lunacy Act, 1890 ... ..	1
Persons removed under Section 20, Lunacy Act, 1890 ...	5
Persons removed under Section 21, Lunacy Act, 1890 ...	—
Persons assisted in obtaining admission to Mental Hospitals as voluntary patients under Section 1, Mental Treatment Act, 1930 ... ..	6

---

**GERIATRICS.**

Two ‘ Darby and Joan ’ Clubs for the regular meeting of old people are now open in the Elland Urban District, one in Elland and the other at Greetland, and at the end of the year an effort was being made to open a third Club for the West Vale area. This Club was opened on the 16th April, 1956. We welcome these Clubs. One of the great difficulties of old age is its increasing loneliness. Gradually old friends and relatives disappear and the making of new friends becomes more and more difficult. It is remarkable how much enjoyment and pleasure old people get from regular meetings with each other and with the very kind helpers who voluntarily give of their time to these efforts. Not only are old people helped in this way but the properly run clubs serve

as a means of keeping a useful liaison with old people. When a regular member of a club fails to attend, the helpers visit them and a kindly word cheers them on their way to recovery. Old people living alone can easily be missed in a time of sickness and it is our aim that no-one should be allowed to be ill alone.

The re-housing of young families from the congested and older parts of the town has meant that very largely the old property has become tenanted by older people who now live some distance away from their nearest relatives. This also means an increased call on the services of Home Helps, for a daughter or other relative living near is able to give very much more help than when she and her children are domiciled some distance away. The provision of night "sitters-in" to stay with old people when they are ill has been considered. It is felt that this should be a matter for relatives, primarily, and voluntary help. Elland is a town of good neighbours and it is rare indeed that an old person is left alone in these circumstances. The Elland Business and Professional Women's Club has over the years performed a very useful service in making visits to people who live alone without friends and relatives and has helped considerably in the prevention of mental ill-health. The Health Visitor also makes regular visits to many of the non-ambulant old people. Altogether, a great deal of progress has been made in the care of the old. The services of District Nurses, Health Visitors and Home Helps have continued to expand and now form a greater part of the work of this Department but it must be stressed again that these services are not second in importance to the vast amount of voluntary work being done. The atmosphere of the Clubs is wonderfully cheerful and happy, and these old people who have contributed to the wealth of the country during their working years are being helped to enjoy a well-earned retirement.

One of the difficulties most prevalent in old people is the difficulty in getting about. This would be helped very considerably by a chiropody service for the whole of the town. At the end of the year plans were in hand for the inauguration of a limited service of chiropody confined to the area of the old Greetland Nursing Association. We welcome this provision and hope that it may be extended.

Another service which we hope may well be considered is the provision of "meals on wheels." Many old people are helped by the Home Help to have a satisfactory meal one or two days a week but I am afraid that more often their diet is dull, uninteresting and unsatisfactory. The provision of adequate meals would go a long way to solving their feeding difficulties.



## CARE AND AFTER CARE.

Many requests are received from the hospitals for after-care of patients. Most of these refer to cases who require treatment by the District Nurses after discharge from hospital. In addition to the hospitals, some cases are referred to us direct from the general medical practitioners. We are also notified of all the cases discharged from mental hospitals, and these cases are, of course, visited by the Mental Health Social Worker and will be found in the section of the report dealing with mental health.

Maternity cases continue to be discharged from hospital long before the fourteenth day, and often our Midwives are called in to help in these cases. Some of them, however, are dealt with by the Health Visitors, when the mother requires no attention.

We also receive requests from the hospitals, mainly in respect of old people, for the provision of Home Helps.

The number of cases we provided with after-care as a result of direct requests from the hospitals was 99. Of these, 55 requests were received for Home Nurses, 11 for midwifery, 19 for the services of a Health Visitor, and 14 for Home Helps and other provisions.

Care of the old people calls for a great deal of liaison with the hospitals. Previously admission was arranged on our Health Visitor's report but now the assessment of priority is usually done by the Geriatrician attached to St. John's Hospital, Halifax. This has many advantages, as the Doctor who is to care for them in hospital visits them before their admission and this helps to reassure the old people and they feel that they are going into a hospital where they will not be completely unknown. Emergencies do arise from time to time, however, where an old person living alone is taken ill and requires urgent admission, and it is usually possible to arrange this through the liaison with the hospital service.

Care of the diabetic patient is also a matter for close liaison with the hospital department responsible. Many diabetics are able to carry on very adequately but they are helped considerably by a visit from the Health Visitor to advise them on diet, the testing of urine, etc. Others require the District Nurse as they are unable to give themselves their Insulin or to arrange for a competent relation to do it for them. Much of the work with diabetics is primarily educational in character and properly belongs to the Health Visitor working with the General Practitioner and Hospital Consultant but where daily injections are required, the District Nurse is the person engaged.



It will be appreciated that the figures given above are not completely comprehensive as all records of telephone calls and emergency measures sometimes made directly to the Nurses have not been recorded. The care and after-care of patients suffering from Tuberculosis is dealt with in that section of the report.

## SANITARY CIRCUMSTANCES IN THE AREA.

### Water Supply.

Of the 7,167 inhabited houses in the Borough, 6,953 are on the public water supply. The remaining houses have private supplies derived from springs and wells, the majority of which are liable to contamination. The number of houses not yet on public water supply is 214, or 3 per cent. of the total houses in the district. The majority of these houses are at Stainland.

86% of the houses on public water supply are supplied by Halifax Corporation and 3% by Huddersfield Corporation, the remaining 11% being supplied from our own reservoirs at Coldacre and Upper Greetland. The public water supply from Halifax and Huddersfield has been satisfactory in quantity and quality. Bacteriological examination and chemical analysis of the water from our reservoirs have been satisfactory.

In the last few years I have referred to anxiety in this Department about the Upper Greetland water supply. Our concern has been that this moorland water, which is soft and well-oxygenated, has been plumbo solvent. The water entering the reservoir entered it with a pH value of 4.6 and treatment of the water was being carried out at the outlet, so that the water was not stored after treatment. It was considered that the pH value was not sufficiently consistently high to prevent plumbo solvency, and it was suggested by Messrs. Lea and Mallinder in 1954 that the water should be treated at the inlet with lime. This necessitated altering the overflow so that unconsumed water should not enter the reservoir. Since these measures were taken our samples from this reservoir have shown no plumbo solvency and the pH value of the water as supplied to consumers has been maintained above 6.5.

A careful watch is being kept on the dosage of this water so that the natural plumbo solvency will be neutralized without excessive alkalinity. So that the position may be appreciated, a table has been inserted giving the pH values and a record of this water on various selected dates since the end of 1947.

Place of Collection.	Date of Collection.	Results (lead content in gns. per gall.)			
		All night		Half hour	
		Lead	pH value	Lead	pH value
Whitehall, Turbury Lane, Upper Greetland	8.12.47	Nil	9.6	Nil	9.4
New House, Upper Greetland ...	14.7.48	1/24th	6.8	Nil	6.7
New House, Upper Greetland ...	4.11.48	1/36th	6.6	Nil	6.5
New House, Upper Greetland ...	25.3.49	1/2	6.3	1/8th	5.5
Prospect House, Upper Greetland ...	15.2.50	1/5th	6.0	1/10th	6.0
Prospect House, Upper Greetland ...	2.12.50	1/4th	5.0	1/10th	5.4
Prospect House, Upper Greetland ...	4.9.51	1/30th	6.0	1/100th	6.2
Prospect House, Upper Greetland ...	13.11.51	1/15th	6.4	Nil	6.2
Prospect House, Upper Greetland ...	8.4.52	2/5th	5.8	1/14th	6.0
Upper Turbury, Turbury Lane ...	19.12.52	3/10th	5.9	3/50th	5.7
Hey, Turbury Lane, Greetland ...	16.4.53	4/10th	6.5	1/10th	5.8
Turbury Hall, Greetland ...	29.9.53	1/10th	7.3	Nil	7.2
Turbury Hall, Greetland ...	3.3.54	6/25th	6.8	3/25th	5.8
Turbury Hall, Greetland ...	24.9.54	Nil	6.6	Nil	6.6
Turbury Hall, Greetland ...	31.3.55	Nil	7.7	Nil	7.8
Turbury Hall, Greetland ...	7.10.55	Nil	8.2	Nil	8.0

**Drainage and Sewerage.**

I still have to report that almost 500 houses, or almost 7 % of the houses in the district, are not yet connected to a sewer. This must be a matter of concern to this department, for this is an Urban District and the year under review is 1955. This matter has been mentioned in my annual report for some years past. I continue to mention it as I consider this a matter of public concern.

**Rivers and Streams.**

The West Riding Rivers Board is the supervising Authority. No complaints regarding the pollution of any streams in the area were received in the Health Department during the year.

**Public Baths.**

I am obliged to Mr. F. R. Birkhead for the following statement of the attendances of bathers during 1955 :—

Mixed Bathing	...	...	...	...	20,345
Males	...	...	...	...	5,424
Females	...	...	...	...	5,108
School Children's Classes	...	...	...	...	11,640
Foam, Steam, etc.	...	...	...	...	363
Slipper Baths	...	...	...	...	8,178

It will be seen that the figures correspond very largely with previous years. There has been an increase in the number of slipper baths. This is welcomed, as there are still so many houses in the district which are not supplied with a bath, or even hot water.

**HOUSING.**

At the end of 1955, 290 post-war Council houses had been erected in the Elland Urban District. This gives an average of 29 new Council houses each year for the ten years. If we eliminate 1946 and 1947, when the housing programme in Elland had not really got going (only five houses were erected in 1947 and none at all in 1946), we obtain an average figure of 36 per year. It is a matter for regret that in 1955 the number of houses erected fell well below this figure, only 26 being completed. The position year by year is as follows :—



Year.	No. completed		
1946	...	Nil.	It was decided not to accept prefabricated houses.
1947	...	5	
1948	...	46	
1949	...	33	
1950	...	30	
1951	...	56	
1952	...	10	
1953	...	32	
1954	...	52	
1955	...	26	

Our plans for dealing with the elimination of the worst of the sub-standard houses in this area were submitted to the Council under Section 1 of the Housing Repairs and Rents Act, 1954. In order to be realistic, they had to be based on an expected figure of houses available, and I estimated that 37 new houses would probably be built and that we could rely on seven re-lets being available, making 44 houses available each year for the re-housing of tenants displaced by the slum clearance programme, and altogether over 15 years 660 houses. This would still leave a certain number of re-lets available for tenants re-housed for overcrowding. It was considered that 660 houses was the minimum that could be dealt with and I was hopeful that this number might be supplemented if the Council were able to build more houses. It was pointed out in last year's Annual Report that our modest estimate of 660 houses spread over fifteen years did not include all, or nearly all, of the 1,400 back-to-back houses in the district, and it was stated that we could visualise another programme of slum clearance of at least equal proportions coming before the Council at the end of this time. I stressed in this report that in view of the many sub-standard houses in Elland, it was hoped that the Ministry would be able to increase our housing allocation and it was stated that if it was possible for the allocation to be doubled our programme could well be modified in an upward direction. As stated last year, the programme was a minimum one based on realities and not on idealistic hopes, and I had anticipated that the number of new houses available in 1955 would be at least the 36 houses envisaged in the programme.

The Council are aware of this position and it has been agreed that an effort will be made for sites to be found at a very early date to provide for the building of sufficient houses. As it is I am afraid our programme will necessarily lag behind and we shall have difficulty in reaching our target of 260 houses in the first five years.

There is a good deal to be said for the provision of a large housing site to hold several hundred houses and enable the building of houses to keep pace with the slum clearance. As it is, by the end of the year the proposals for 1956 were for 20 bungalows to be built in Elland Lane. We welcome the provision of these bungalows and I am sure they will be an asset for many of the old people who now occupy houses which could well be occupied by complete families but if we presume that the whole of these are used for slum clearance it will fall far short of the number we hoped to have available for re-housing purposes. By the end of 1956 we shall have reached one year and six months of the first five years and it will mean that in the remaining three-and-a-half years the rate of building will have to be speeded up if we are to fulfil our plans.

The re-housing of tenants from some of the older-type houses presents problems, for some of the tenants occupying sub-standard houses can only be described as sub-standard tenants and any Council is reluctant to place an unsatisfactory tenant into a Council house. It is remarkable how well these tenants respond to better housing and although the families we call 'problem families' have a very strong tendency to backsliding, if the children are to be educated in the art of proper living the provision of a good house and better conditions is the first step towards their rehabilitation. There is perhaps something to be said for the Council owning a number of houses which are not completely satisfactory in order to re-house these tenants in a half-way house between the unfit houses they live in and the Council houses they will eventually inhabit. I should not be very happy however for the Council to be responsible for very much of this sort of property and I still retain the belief that in re-housing unsatisfactory families and believing that the response to a better environment will produce beneficial results, the Council are performing a real social service. These are the families that private landlords will not, and cannot be expected to, re-house.

I should not wish the Council to believe that the majority of persons occupying bad houses are bad tenants. Indeed, it is remarkable how many tenants have spent a great deal of money and still more time in trying to make their houses habitable. In going round the property for our slum clearance programme, I cannot help being struck by the difference in the standard of living as compared with the days of 1930. Most of the families in Elland are worthy of a better house than they now inhabit and it is surprising and indeed remarkable, how good many of them make an old, worn-out, unsatisfactory house look by constant patching and decorating. It is heart-breaking work. So often hours spent



in decorating and patching are indeed wasted. Damp comes through newly-decorated rooms and however hard the tenants try the houses cannot be made fit to live in for any length of time.

A remarkable feature of the housing problem is the number of people who themselves live in good houses who are content that others who cannot buy their own houses should continue to live in houses where there are no facilities for washing clothes, no places for storing food, no bath, often no satisfactory sink, and which are damp and in a poor state of repair. Houses, like other articles made by man, wear out. Unfortunately they do not fall down. They also become old-fashioned and obsolete. The standards sufficient a century ago are not sufficient today. The cinema, the wireless, electric light, and even television, are accepted as standards of living necessary today. Baths, hot water, proper lighting and ventilation, sufficient space and freedom from serious dampness are housing standards which anyone can reasonably expect and it must be our object to try with the resources available to attain these standards for our townspeople.

I have often wished that the stone with which most of our older houses are built were less durable and showed better the depredations of time. Unfortunately, during a period of housing shortage many people, ill-advisedly, have bought their own homes. Having bought houses which will have to be included in the slum clearance programme, some of these people will be helped to some extent if the provisions of the Slum Clearance (Compensation) Bill becomes law. This help will not apply to people buying unfit houses now and it is important that the public realise that enquiries should be made by anyone who proposes to buy older houses in the district in order to discover whether these houses will be affected by the slum clearance programme. If, however, the house is not at present included in the slum clearance programme, this would not mean that it may not be considered at a later date, and the advice of the Health Department should be sought by all intending purchasers.

Since the War, up to the present year, due to the great shortage of houses and the desire of the Council to deal with overcrowding, all the houses we have represented have been represented shortly before they were becoming vacated as in this way the Council had not to provide alternative accommodation for the tenants and it did prevent the Council having to re-house a second tenant from an unfit house, and up to the end of 1954 only sixteen houses had been dealt with under Section 11 and eight under Section 12. Another unsatisfactory feature was that for all the sixteen houses represented undertakings had been accepted so that they remain



untenanted and dilapidated, a constant reminder of action taken and an eyesore to the neighbourhood. Some of these houses will be included in areas in our present programme and others are being used for purposes other than housing. This year we were able to represent four houses under Section 11 and four under Section 12.

It will be remembered that in 1951 the first clearance area, comprising seven houses, was represented to the Health Committee. Difficulties were experienced in re-housing the tenants and this action of the Health Committee was never implemented by the Council. Consequently, it was necessary to represent these houses again this year and thus our first clearance area was confirmed by the Council at the end of the year.

We have knowledge now of only eighteen houses which are overcrowded, housing twenty-three families. Eleven cases of overcrowding were relieved during the year. Other cases may exist but it is believed that the worst of the overcrowding problem has been dealt with and this leaves the Council free to proceed on building for the re-housing of tenants from sub-standard houses, as existing cases of overcrowding are able to be dealt with by re-lets.

We, as a department, welcome the special subsidy to be provided under the Housing Subsidies Act of 1956 for houses built to replace unfit houses. The timing of this legislation is opportune. The worst of the overcrowding problem has been dealt with now. It is now our duty to look ahead and replace unfit, worn-out dwellings by up-to-date modern homes. The Health Committee are fully alive to this problem. The sooner the houses are provided, the sooner our work can begin in earnest.

With regard to the work done under the Housing Act, 1949, as amended by the Housing Repairs and Rents Act, 1954, any provision of grants for the improvement of housing accommodation is dealt with in the Sanitary Inspector's report. Generally speaking, applications for improvement grants are made by owner-occupiers and very few by owners of houses. We could wish that more of these grants were made for suitable houses. The provision of bathrooms is a measure which is particularly welcome in this department.

### **SMOKE ABATEMENT.**

Smoke observations were taken again during the year, and in all 119 observations were taken. In eight cases the limit of three minutes in thirty was exceeded and steps were taken in respect of these.

One of our biggest worries comes from a Brick Works which is situated very near the centre of the town, and several visits have been made to this Works, both by myself and the Sanitary Inspector during the year. The advice and help of the Alkali Inspector was also sought. We found the firm reasonably co-operative and some improvement has occurred. Further efforts will be made to improve the emission of smoke from this source. It is difficult to see how it can be completely eliminated without making the Works ineffective and uneconomic.

We should not forget that a good deal of the smoke pollution in Elland arises from domestic sources and it is hoped that one way in which it can be improved will be by re-housing people from the congested areas and persuading them to use smokeless fuel in their new homes. If the Council decide to build one housing estate to house most of the tenants who are displaced by slum clearance, I hope that one of the provisions made will be that this site should become a smokeless zone. The Council would have here an excellent opportunity to become pioneers in this work in the district and to set an example which might well be followed.

New legislation will help us in our work. There is no doubt that people in an industrial area must no longer accept smoke as a necessary concomitant of industry nor must householders regard an open fire as essential. The publicity given by the deaths from 'smog' and the debates in Parliament may help us in our work of smoke prevention. It is likely that respiratory illness which attacks so many would be very much reduced if smoke could be eliminated.

### **RATS AND MICE DESTRUCTION.**

The work of the Rodent Operative still continues and is still found necessary, and 93 treatments have been carried out to 65 domestic premises and 16 industrial premises during the year. In addition, farms, sewage works and tips have all been visited, and altogether 2,330 visits were made. Further details will be found in the Sanitary Inspector's report.

### **FOOD INSPECTION AND SUPERVISION.**

#### **Milk Supply.**

Particulars of the samples taken and the results obtained are given in the Sanitary Inspector's report.

The Milk (Special Designations) (Specified Areas No. 3) Order, 1953, came into force on the 1st January, 1954, and only designated milk is now sold in this district.

## Ice Cream.

There are now 59 premises registered in the district under Section 14 of the Food and Drugs Act, 1938, for the manufacture or sale of ice cream, and 13 visits were paid to them during the year.

## Meat.

It will be remembered that from July, 1954, a new duty has fallen on the Sanitary Inspectors—that of examining the meat in the six private slaughterhouses in the district. During the year, 1,298 visits have been paid to these slaughterhouses, often at very inconvenient times, and over 6,500 animals have been slaughtered and inspected. Some of these animals have, of course, been brought in for slaughtering from other districts who have not private slaughterhouses available, and some of the meat consumed in Elland is similarly killed in slaughterhouses in neighbouring districts.

It is considered that our present number of slaughterhouses should not be exceeded and the Council have decided that they are sufficient for the needs of the district.

## PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

### General.

The notifiable disease most prevalent during 1955 was Measles, of which 340 cases were notified.

### Diphtheria Immunisation.

There has been no case of Diphtheria notified in Elland since 1948. I consider that it is fair to assume that the fall in the incidence of this disease, which is general throughout the country, is partly due to Diphtheria immunisation.

The number of children who had completed a full course of Immunisation at any time up to the 31st December, 1955, is as follows :—

Age at 31.12.1955.

Under 1	1 yr.	2 yrs.	3 yrs.	4 yrs.	5-9 yrs.	10-14 yrs.
13	137	184	171	153	1128	1014

Total : 2,800.

The age in this table is at the 31st December, 1955, and it will be appreciated that many of the children immunised early in 1955 but born in 1954 were actually under one at the time of



immunisation. The usual age for immunisation against Diphtheria is eight months, and the immunisation takes a month to complete, so that it is only possible for the children born in the first three months of the year to be immunised during the year of birth.

There has been some falling off in the number of children immunised. This will undoubtedly be due to the virtual elimination of Diphtheria from this area. But it should be pointed out that to attain maximum protection we estimate that two-thirds of the population should be immunised and that a fall in the number of immunes, followed by the introduction of Diphtheria into the district, could have serious results.

As with last year, I give the figures of children immunised in two groups, the first group being children who have received either an initial or a booster dose in the last five years, and the second group those who were immunised at a date preceding this. The first group shows children who can be regarded as at maximum protection. It is our aim to carry out booster doses before admission to the primary school at the age of five, and again at the age of ten.

**Number of children at 31st December, 1955, who had completed a course of immunisation at any time before that date (i.e., at any time since 1st January, 1941).**

	Under				
Age at 31.12.55	1	1—4	5—9	10—14	Under 15
i.e. Born in Year	1955	1954-1951	1950-1946	1945-1941	Total
A. 1951-1955	13	645	587	314	1559
B. 1950-1941	—	—	541	700	1241

During 1955, 148 children were immunised and in addition 75 children were given booster doses.

### **Vaccination.**

There were no cases of Smallpox during the year.

Vaccinations carried out during the year were as follows :—

Ages.

Under 1 yr.	1 yr.	2—4 yrs.	5-14 yrs.	15 and over	Total
69	32	4	2	17	124
Re-Vaccinations			2	25	27

These figures include seven primary vaccinations and eleven re-vaccinations which were carried out in two cotton mills in the district. Vaccination was offered to all workers in cotton mills at possible risk in view of the recent epidemic in a neighbouring borough.

It will be our endeavour to keep a satisfactory vaccination state in the cotton mills in order to prevent a possible source of infection.

### **Whooping Cough.**

This year there were 41 cases of Whooping Cough notified in Elland as compared with only four cases last year.

During 1955, 134 children were immunised against Whooping Cough. Sixty of these were under one year of age. It is in the very young children that Whooping Cough presents its greatest danger and it is our endeavour to continue to immunise as many as possible particularly under the age of one year.

### **Scarlet Fever.**

There were 46 cases of Scarlet Fever during 1955, compared with 30 cases in 1954. These were usually mild in character. Fourteen cases were admitted to hospital. In all these cases home conditions were not suitable for nursing the case at home, there being other children in overcrowded houses. Only two of them were admitted to hospital because it was considered that they required hospital treatment.

Many cases of minor sore throat existed when Scarlet Fever was prevalent. It is thought that in many cases they were the same infection without a skin manifestation.

### **Measles.**

Three hundred and forty cases of Measles were notified during the year. This was not unexpected as we had a particularly low incidence of Measles in 1954, when only four cases were notified. The biggest incidence of Measles was in the month of March when 233 children were notified as suffering from the disease.

### **Acute Anterior Poliomyelitis.**

There were three cases of Anterior Poliomyelitis during 1955.

The first case began on the 20th September ; the second case on the 27th September and the third case on the 5th October. There was a suspected case which occurred on the 14th October and a further suspected case on the 20th October. These were both schoolchildren and neither of the cases were confirmed.

The first case that occurred was a schoolchild who had visited three seaside towns at the time of possible infection immediately prior to her illness during the school holidays. We

were unable to trace any connection between her and the other two confirmed cases. It will be noted, however, that all these cases occurred within a limited period and it appeared that there may be some unascertained connection. The first case had extensive paralysis from which a complete recovery has not been made. In the second and third cases, the paralysis was confined to the arm and these cases made good progress and suffered no permanent disability.

### **Erysipelas.**

There were no cases of Erysipelas during the year.

### **Cerebro Spinal Fever.**

No cases of Cerebro Spinal Fever were notified during 1955.

### **Food Poisoning.**

There was one case of Food Poisoning notified during the year. The organism causing this was Salmonella St. Paul. This child was attending school in a neighbouring County Borough but no other cases of Food Poisoning occurred in the School and it was impossible to discover the source of the infection.

### **Puerperal Pyrexia.**

There were no cases of Puerperal Pyrexia in 1955.

### **Ophthalmia Neonatorum.**

No cases of Ophthalmia Neonatorum were notified during the year.

### **Pneumonia.**

Twenty-four cases of Pneumonia were notified during 1955 and there were seven deaths from the disease.

### **Tuberculosis.**

The statistics relating to Tuberculosis are presented in tabular form in Table 12.

No action has been found necessary under the Public Health (Prevention of Tuberculosis) Regulations, 1925, nor under the Public Health Act, 1936, Section 172.

There were 24 notifications of Respiratory Tuberculosis during 1955, as compared with 17 in 1954, and one case of Non-respiratory Tuberculosis, as compared with two in 1954.

The case of Non-respiratory Tuberculosis occurred in an adult. It was a case of Cervical Adenitis. Immediate family contacts were examined with negative results.



The rise in the number of notifications of Respiratory Tuberculosis had been anticipated as the Mass Radiography Unit visited the area. Two thousand, one hundred and forty people were examined and among these seven active and eighteen inactive cases of Tuberculosis were discovered. Twenty other conditions were also found as a result of mass radiography. It will be seen that the visit of the Unit was well worth while and as a result of it seven active cases of Tuberculosis received earlier treatment and as a consequence a source of infection was removed from the community.

Of the Respiratory cases notified during the year, fifteen were males and nine females. Three of these were female children so that there were actually fifteen males and six females notified over the age of fifteen. In all the cases in the children the mother suffered from the disease and the child was discovered by a routine examination of contacts. One of the children was suffering from Miliary Tuberculosis and the other two from a Juvenile Tuberculosis which was very early. All these children have responded to treatment, so that we feel that in these instances work among contacts has been worth while. All the adult female cases were under forty years of age and of the males only three were under forty years of age, the remaining twelve being male adults over forty-five. The largest number of notifications occurred among men in the age group 45/54, where we had eight cases notified.

Certain patients suffering from active Tuberculosis received milk free daily under the Extra Nourishment Scheme of the County Council. Most of them received two pints but in some cases only one pint was considered necessary.

Although there has been no dramatic fall in our notification rate, the age has moved towards the older men and the younger women and there has been a fall in the number of deaths from this disease. This year there was only one death from the disease. This occurred in a boy of five who died from Tuberculous Meningitis. Another patient who suffered from Tuberculosis died from Heart Disease.

On the whole, the prospects for patients suffering from Tuberculosis are very much better than they were. A sufficiency of sanatorium beds has prevented the long waits for admission previously experienced and new drugs have resulted in a reduction in the length of treatment. Early cases of Tuberculosis can usually be treated adequately and satisfactorily and it must be our object to discover them.

Over 2,000 out of our population of 18,960 were x-rayed and seven cases of active Tuberculosis discovered. This proportion of  $3\frac{1}{2}$  per thousand is in line with the national figures. If we take 3,500 of the population to be children and young persons, it means that 14,000 did not avail themselves of the advantage of mass radiography and among these there may be undiscovered 42 cases of Tuberculosis. There is something to be said for mass radiography being compulsory if we are to tackle these cases in a realistic manner.

In 1955, there were 24 people notified as suffering from the disease and a real step forward has been made in offering B.C.G. vaccination to children about to leave school. This vaccination is preceded by a test known as the Mantoux test, and it is regularly carried out on child contacts of Tuberculosis as it is known that very few children under five show a positive reaction. At school leaving age we expect about 20% reactors but in young adults and older people living in an industrial community, we get about 80% reactors. This would indicate that the young people shortly after leaving school are exposed to the risk of contracting Tuberculosis and by this safe and simple measure children can be protected before they enter their period of greatest risk. The response to this form of immunisation has not been as high as we could wish. It would appear that if more parents were willing to agree to this measure, the existence of Tuberculosis among the adult population would show a substantial decrease.

During the year, we had 192 known contacts of Tuberculosis. Of these, 48 were contacts of cases notified during the year. Seven of the child contacts received B.C.G. vaccination and 133 were X-rayed during the year. As mentioned previously, three child contacts were found to be suffering from Tuberculosis.

At the end of 1953, a Care Committee was formed for the whole Division and this Committee has received remarkable support including help from the Councils of Brighouse and Queensbury and Shelf. It has done excellent work. In the Elland area alone, 12 cases received practical help. This help often was given in the form of food parcels, bed linen, blankets, clothing and necessities, and ten of their families receive a food parcel at the moment. An outing was arranged to Blackpool for people who had neither the means nor the chance to have a holiday for a number of years, and 15 adults and 10 children went from Elland. Four cases were given occupational therapy to help them during the long and difficult time they cannot work. In addition to this, many were advised by the Health Visitor and the Committee on claiming additional National Insurance benefits.



The work of this Committee is still very necessary, for any person who gets Tuberculosis has to endure a period of frustrated hopes and lost ambitions, of anxiety and worry. He may have long months without earnings and may well give way to despair, a despair which affects his whole family as well as himself. This is the time when he needs help and assistance and this the Committee tries to give. Many private individuals and firms in Elland have given generously to enable us to give this help.

### **CANCER.**

There were 34 deaths during 1955, 14 males and 20 females, from some form of malignant disease.

Although the incidence of infectious disease is low, the incidence of cancer continues high. As this is not notifiable we can only give the number of deaths from malignant disease. These show a decrease on the previous year. The important thing is for people not to nurse fears but to go early for examination as many early cases can be cured and others relieved with treatment. Many people, too, worry unnecessarily about suffering from malignant disease when actually no such disease is present. I would again stress the importance of seeking early medical advice when any such fears are entertained.

It is appropriate that in a report of the Medical Officer of Health, attention should be drawn to the accumulating evidence of the association between smoking and Cancer, and atmospheric pollution and Cancer. It is the duty of this Council to try, during the time that lies ahead, to eliminate some of our smoke nuisance. A practical way would be to declare any new large Council estate a smokeless zone. With regard to smoking, it must be our duty to discourage young people from commencing a habit which may be a factor in producing this disease.



TABLE 10.  
MONTHLY NOTIFICATION OF INFECTIOUS DISEASES DURING 1955.

Month.	Scarlet Fever.	Tuberculosis		Pneumonia	Food Poisoning	Dysentery	Measles	Whooping Cough	Anterior Poliomyelitis	Totals
		Lungs	Other							
January	—	3	—	4	—	—	1	—	—	8
February	1	—	—	3	—	—	26	1	—	31
March	1	2	—	5	—	—	233	4	—	245
April	1	1	—	2	—	—	66	9	—	79
May	1	1	—	2	—	1	7	3	—	15
June	—	3	—	2	1	—	1	3	—	10
July	—	4	—	3	—	—	1	16	—	24
August	—	2	—	1	—	—	2	4	—	9
September	—	3	—	—	—	—	—	1	1	5
October	14	4	—	—	—	1	3	—	1	23
November	11	1	1	—	—	1	—	—	1	15
December	17	—	—	2	—	2	—	—	—	21
Totals	46	24	1	24	1	5	340	41	3	485

TABLE 11.

NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS)  
AND HOSPITAL ADMISSIONS DURING THE YEAR 1955.

Disease.				Cases Notified.	Admitted to Hospital.	Total Deaths
Measles	...	...	...	340	1	—
Whooping Cough	...	...	...	41	1	—
Smallpox	...	...	...	—	—	—
Scarlet Fever	...	...	...	46	14	—
Diphtheria	...	...	...	—	—	—
Pneumonia	...	...	...	24	9	7
Anterior Poliomyelitis	...	...	...	3	3	—
Dysentery	...	...	...	5	—	—
Food Poisoning	...	...	...	1	—	—
Totals				460	28	7

TABLE 12.

TUBERCULOSIS—New Cases and Mortality during 1955.

		New Cases.				Deaths.			
		Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
Age Periods		M.	F.	M.	F.	M.	F.	M.	F.
0	...	—	—	—	—	—	—	—	—
1	...	—	2	—	—	—	—	—	—
5	...	—	1	—	—	—	—	1	—
10	...	—	—	—	—	—	—	—	—
15	...	—	1	—	—	—	—	—	—
20	...	1	2	—	—	—	—	—	—
25	...	2	2	—	—	—	—	—	—
35	...	—	1	—	1	—	—	—	—
45	...	8	—	—	—	—	—	—	—
55	...	2	—	—	—	—	—	—	—
65 and upwards		2	—	—	—	—	—	—	—
Totals		15	9	—	1	—	—	1	—

# ANNUAL REPORT OF THE CHIEF SANITARY INSPECTOR AND CLEANSING SUPERINTENDENT FOR THE YEAR 1955.

To the Chairman and Members of the Health Committee.

Madam Chairman, Ladies and Gentlemen,

I have the honour to submit to you my Annual Report for the year 1955.

Further staff changes took place during the year. Mr. K. Ramsden was successful in qualifying as a Sanitary Inspector and was appointed in place of Mr. R. Crossley who had left to take up duties with Huddersfield Corporation. Mr. P. Nellis was appointed clerk in the Department in place of Mr. M. S. Morton who resigned to further his studies for another profession.

Although many surrounding districts have depleted staffs because of the serious shortage of Sanitary Inspectors, we have a full complement at present. In this we are fortunate, but even so meat inspection entails your Sanitary Inspectors working considerable periods out of normal office hours.

Six private slaughterhouses are in operation and four of these were improved during the year. An appeal heard at the West Riding Court against the decision of the Council not to grant a licence for a new slaughterhouse was dismissed, and the action of the Council upheld.

One Clearance Area was confirmed during the year, but demolition has not yet taken place owing to re-housing difficulties. Work on the remaining areas to complete the Council's first year programme is well advanced, and is only limited by the Council's ability to provide houses for the displaced families.

It is gratifying to report that twenty-seven owners took advantage of the Improvement Grant provisions of the 1949 Housing Act and brought their houses up to a satisfactory standard by the provision of bathrooms, inside W.C.s, hot water, etc.

The number of known cases of overcrowding has reached a record low level of eighteen. Eleven cases were re-housed by the Council during the year, and future re-housing problems will be mainly those of the small family, together with old-aged persons and single persons living in property due for demolition.

By using the 10 cwt. Fordson van it was found possible for Mr. L. W. Button to carry out Rodent Control on a half-time basis, devoting the rest of his time to waste paper collection. Full sewer treatments were carried out during the year and all Council properties and tips received attention.



An unexpected increase occurred in verminous premises, but these were not in Council houses. All cases were promptly dealt with.

The situation regarding Atmospheric Pollution remains very much the same in the West Riding towns. New Acts come and go but little is achieved of a tangible nature. Industrialists try to co-operate if only for the fact that black smoke means less fuel efficiency and added expense. When public opinion becomes so strong on air pollution that the private householder is prepared to forego the open fire and instal smokeless-fuel burning grates, then some visible result might be apparent. There has been a definite improvement in some industrial undertakings during the year.

The main problem with house refuse collection has been concerned not with increasing the efficiency, although this is a matter very much in mind, but with keeping the service going at all. Absenteeism and holidays take a large slice out of the working year and it is unusual to have a full staff at work. During 1955 it was almost impossible to get suitable labour for this type of work. Income from the sale of waste paper and tins again showed an increase on the previous year. In the absence of a Cleansing Foreman much of the Sanitary Inspector's time is taken up with matters relating to refuse collection and disposal.

The care and maintenance of Public Conveniences is the responsibility of the Health Committee and there has been an improvement in the general cleanliness as a result of the appointment of Mr. Armitage as a full-time cleaner. Unfortunately, however, half his time is taken up in repairing damage done to the locks and fittings. Wilful damage is assuming serious proportions and it is quite common to find even W.C. cisterns and pedestals wrenched from their housing. All these cases are notified to the Police.

In conclusion may I pay tribute to the willing and conscientious co-operation of Mr. N. Sykes and Mr. K. Ramsden, to stress the harmonious relationship between Dr. Appleton and my Department, and to thank my staff, fellow Officials, Chairman, Vice-Chairman and members of the Committee for their support and assistance.

I am, Madam Chairman, Ladies and Gentlemen,

Your obedient servant,

A. D. JACKSON,

Chief Sanitary Inspector.

## SANITARY ACCOMMODATION.

Number of Water Closets ... ..	5591
Number of Waste Water Closets ... ..	271
Number of Pail Closets ... ..	302
Number of Privies ... ..	83
Water Closets provided to premises during 1955 ... ..	78
Percentage of Closets on Water Carriage system ... ..	93.8%

In September, 1950, the Council decided to implement Section 47 of the Public Health Act, 1936. Since then 170 pail closets and 29 privies have been converted to water closets, the Council paying half of the cost of the conversion. Almost all these improvements took place in the Stainland area. Very few insanitary privies or pails remain that can be readily converted.

From now on, the rate of conversion will be reduced considerably, as the remaining cases are either difficult to drain with a consequent much higher cost of conversion, or are impossible to deal with at present owing to lack of public sewers and water supplies in the areas concerned.

It is obvious that under present conditions there will still be some 300 pails and privies left in the Stainland area. The satisfactory emptying and cleansing of these becomes a greater problem year by year as it is difficult to obtain labour willing to undertake this objectionable task. The only solution would appear to be a gradual extension of the public sewers and water services to serve the backward districts.

Almost 94% of the sanitary conveniences in the Council's area are water closets. The problem of the joint W.C. is still with us, with the trouble of liability for keeping clean, and this is often made worse by the unreasonable distance of the conveniences from the houses.

It is gratifying to record that more householders are providing themselves with bathrooms and inside lavatories, this being encouraged of course by the Improvement grant sections of the 1949 Housing Act.

The Council make a grant of £11 or half the cost of converting waste water closets, whichever is the less. During the year, 23 were replaced by fresh water closets. There are still, however, 271 waste water closets remaining and this is rather a high percentage. The above grant is made where the conversion is effected voluntarily, and no action has been taken as yet to enforce the conversion of the others.

In addition, 36 water closets were provided at new houses and 42 at old property during the year.



## DRAINAGE AND SEWERAGE.

Apart from routine maintenance work, there have been no schemes of improvement or extensions carried out to the sewers. There are still approximately 490 houses not connected to public sewers, and in most of these cases drainage arrangements are far from satisfactory. It is hoped therefore that where possible sewer extensions will be made in the future. Apart from this, it is obvious that existing sewers in some parts of the district are reaching the stage when some attention will be required.

No complaints were received from the Rivers Board regarding effluents from sewage disposal works.

A considerable amount of drainage work has been carried out in connection with conversions, provision of bathrooms, etc., and also the reconstruction of defective drains. Advantage has been taken during the year of the powers under the W.R.C.C. General Powers Act, 1951 to deal more speedily with defective or choked drainage. Several minor stoppages were dealt with without any charge being made. Where more extensive work is required, the cost is, of course, recovered from the owners.

In addition to conversions and Improvement Grant work, there have been the usual number of complaints of faulty or stopped drains and in connection with these some 134 inspections were made. Use was made of colour, volatiles and smoke at various times in the testing of these drains.

### OFFENSIVE TRADES.

The following offensive trades are registered :—

Tripe Boilers ... ..	2
Oil Extractor ... ..	1

One offensive trade ceased during the year, this being the soap-boiling premises at Lowfield. No complaints have been received regarding these businesses and seven inspections were made of the premises. The general condition and cleanliness could be classed as satisfactory.

### FACTORIES ACTS, 1937 and 1948.

#### 1. Inspections for the purposes of provisions as to health.

Premises	Number on Register.	Inspec- tions.	Written Notices.	Occu- piers prose- cuted.
(a) Factories in which section 1, 2, 3, 4 and 6 are to be enforced by local authorities ... ..	32	16	Nil	Nil
(b) Factories not included in (a) in which Section 7 is enforced by local authorities ... ..	207	54	4	Nil
(c) Other premises in which Section 7 is enforced by local authorities	3	Nil	Nil	Nil
Total	242	70	4	Nil



2. Cases in which defects were found.

Particulars.	Found.	Remedied.	Referred		Occu- piers prose- cuted.
			To H.M. Inspector.	By H.M. Inspector.	
Want of cleanliness					
(Section 1) ...	—	—	—	—	—
Overcrowding (Section 2)	—	—	—	—	—
Unreasonable					
Temperature (Section 3)	—	—	—	—	—
Inadequate					
ventilation (Section 4)	—	—	—	—	—
Ineffective drainage of					
floors (Section 6) ...	—	—	—	—	—
Sanitary Conveniences					
(a) Insufficient ...	—	—	—	—	—
(b) Unsuitable or defective	1	1	—	1	—
(c) Not separate for sexes	3	3	—	3	—
Other offences against the					
Act (not including					
offences relating to					
outwork) ...	1	—	—	1	—
Total ...	5	4	—	4	—

**SECTION 34, FACTORIES ACT, 1937.**

Means of escape from fire. Duties under this Section are carried out by this Department. Periodic inspections are made and in addition three new certificates were issued during the year.

**PETROL (CONSOLIDATION) ACT, 1928.  
PETROLEUM (MIXTURES) ORDER, 1929.  
PETROLEUM (CARBIDE OF CALCIUM ORDER),  
1929, etc.**

The Chief Sanitary Inspector is the Official acting as Petroleum Officer for the purposes of administering the above Acts.

During the year 59 Licences were re-issued to store Petroleum Spirit and two additional licences were granted in respect of new installations.

Two licences were issued for the storage of Carbide of Calcium. One licence was issued for the storage of petroleum mixtures.

**RAG FLOCK AND OTHER FILLING MATERIALS  
ACT, 1951.**

The provisions of this Act are administered by the Health Committee through its Sanitary Inspectors.

The Act forbids the use of certain filling materials for upholstering, stuffing of beddings, toys, baby carriages, etc., except on premises registered by the local authority. Premises where rag flock is stored or manufactured must be licensed.

Provisions are incorporated to prevent the sale or use of unclean filling materials and regulations have been made giving standards of cleanliness.

### **RODENT AND PEST CONTROL.**

Under the Prevention of Damage by Pests Act, 1949 the Council are required to carry out regular inspections of the district so as to prevent damage and danger to health by major infestations of rats and mice.

During the past few years a considerable amount of work has been done in this connection on a full-time basis. As a result it is now possible for Mr. L. W. Button, using a 10 cwt. Fordson, to devote half his time to rodent control and the remainder to waste paper collection.

Mr. Button's work on Rodent Control has continued to be conscientious and satisfactory. His services are much in demand by Industrialists, farmers and householders, most of whom express appreciation of the service offered and the results obtained, particularly as the cost is modest in comparison to that charged by Servicing firms.

Unfortunately some friction arose during the year through attempting to recover cost of treatment from the occupiers of hen-runs, allotments and similar places. This had hitherto been a free service, but the District Auditors ruled that the work should be charged out. Previously infestations had been readily reported and it was possible to keep well on top at these premises. Now the cases are not reported, and it is only when the infestation reaches major proportions that we are approached. This leads to much annoyance and extra work, and it is regrettable that the situation has arisen in view of the small costs involved.

Mr. Button carries out his work in conjunction with the Sanitary Inspectors, and half his salary is paid by the Infestation Division of the Ministry of Agriculture and Fisheries.

It was found possible to treat all the Council's sewers in 1955. One complete treatment was affected early in the year. A second treatment was commenced towards the end of the year. This was partially completed when heavy snow prevented further operations.

The total number of visits made by the Rodent Operative and Sanitary Inspectors in connection with rats and other pests during the year was 2,330.

During the year, all farms within the district have been visited, most factories have been visited and all sewage works, refuse tips, etc. have received attention.

Prompt attention has been given to all complaints from domestic premises and where necessary treatment has been carried out.

The total number of treatments carried out during the year was 93, and a summary is given below showing how these were made up and the results obtained.

Type of premises.	No. of Treatments.
Industrial ... ..	16
Farms ... ..	—
Sewage Works ... ..	3
Refuse Tips ... ..	7
Domestic ... ..	65
Shops ... ..	2
Number of baiting points ... ..	962
Number of poison takes ... ..	601
Estimated number of rats killed ... ..	710
Estimated number of mice killed ... ..	402

All rodent control work is carried out in accordance with the suggestions laid down by the Infestation Division of the Ministry of Agriculture, Fisheries, and Food.

### ATMOSPHERIC POLLUTION.

Number of observations taken ... ..	119
Number of cases in which the limit of 3 minutes in 30 was exceeded ... ..	8
Number of Abatement Notices served ... ..	8

Observations and readings of smoke concentration, sulphur dioxide and soot deposits have been continued throughout the year.

The graphs prepared in the office showing the monthly concentration of smoke are slightly better than those of 1954. Again a remarkable drop is evident in the summer months, suggesting that most of the atmospheric pollution is from the ordinary house fire, burning raw coal, and further aggravated by the ever-increasing number of all night burning fires.

Readings from the soot deposit gauge at Ellen Royde show low figures for the summer months, and one very high reading for December. These readings give the soot deposit in tons per square mile and are closely allied to the rainfall.

Sulphur dioxide readings were highest in January, February and March. A big drop occurs until October, when concentrations again become worse with the resumption of house fires. In accordance with the wishes of the Committee a commencement was made towards the end of the year in taking comparative readings in various parts of the area. These were not completed at the end of the year.



Visits were made to one firm by the Medical Officer, H.M. Alkali Inspector and the Sanitary Inspector, and conditions improved somewhat. Owing to the situation and size of the undertaking however, this is likely to be a source of complaint for some time.

It is probably too early to comment on the Clean Air Bill, except to express disappointment that the provisions are not as strong as was anticipated.

Elland forms part of the Constituent Area of the West Riding Smoke Abatement of which your Chief Sanitary Inspector is a member of the Executive Committee.

## FOOD INSPECTION AND SUPERVISION OF FOOD PREMISES.

### MILK SUPPLY.

At the end of the year 23 Distributors of Milk and two Dairies (not being part of a dairy farm) were registered.

Licences to retail designated milks were issued as follows :—

<b>Tuberculin Tested</b>	a) Dealers ... ..	21
	b) Supplementary ... ..	7
<b>Pasteurised</b>	a) Dealers ... ..	23
	b) Supplementary ... ..	7
<b>Sterilised</b>	a) Dealers ... ..	13
	b) Supplementary ... ..	2

### BACTERIOLOGICAL EXAMINATION OF MILK.

During the year 23 samples of milk were submitted for bacteriological examination. The following gives details of the samples and results :—

Type of Milk.				Satisfactory.	Unsatisfactory.
T.T. (Certified)	...	...		18	3
T.T. (Pasteurised)	...	...		1	—
Pasteurised	...	...	...	1	—

One sample of milk was submitted for biological examination.

All bacteriological and biological examinations are carried out at the Public Health Service Laboratory, Wakefield.

Considerable annoyance and trouble was experienced during the year through the dumping of milk bottles on the highways and spare land by the Dairies Companies whilst awaiting collection by the retailer.

## OTHER FOODS.

The following list gives the amount of unsound food certified by the Sanitary Inspectors and surrendered by the retailers :—

Luncheon Meat—4 lbs. 7 ozs.	Margarine—8 ozs.
Pork—84 lbs.	Sausage—2 lbs.
Ox Tongue—22 lbs. 15 ozs.	Dried Prunes—28 lbs.
Cooked Ham—114 lbs. 6 ozs.	Beef Steak Pudding—6 lbs.
Peaches—5 lbs. 7 ozs.	Pineapples—12 ozs.
Tomatoes—8 lbs.	Bacon—20 lbs.
Cheese—38 lbs. 8 ozs.	Fishcakes—28.
Raisins—28 lbs.	Condensed Milk—1 lb.
Blackcurrants—4 lbs.	Pears—1 lb.
Figs—1 lb. 14 ozs.	Stewed Steak—1 lb.
Strawberries—15 ozs.	Grapes—2 lbs.
Corned Beef—7 lbs. 8 ozs.	

The general condition of the food premises in the area, including equipment, utensils, etc., is on the whole fairly satisfactory. Most of the personnel engaged in the retail food industry appear to be quite conscious of their responsibilities and maintain a reasonable standard of cleanliness.

## ICE CREAM.

At the end of the year 59 premises were registered under the Food and Drugs Act, 1938, Section 14, for the manufacture or sale of ice-cream, an increase of 5 over last year's total.

The premises are satisfactory and receive periodic visits, almost all the ice cream being wrapped and sold from shops having refrigerators. Some is retailed from vans touring the district in the summer months.

## WATER SUPPLY.

During the year 21 samples were taken, as follows :—

		Satis- factory	Unsatis- factory
<b>Private Water Supplies.</b>			
Bacteriological examination ...	...	5	8
<b>Examination for Plumbo-Solvency</b>	...	8	—

## SHOPS ACTS.

During the year 50 visits were made to shops in the District in order to enforce the health provisions of the Shops Act. These visits were mainly concerned with Sanitary accommodation and cleanliness.

## INFECTIOUS DISEASE AND DISINFECTION.

During the year 115 visits were made by the Sanitary Inspectors to cases of infectious disease and 3 disinfections were carried out after infectious disease. All beddings, etc. for disinfection and disinfestation by steam are now taken to the disinfector at Mill Hill Hospital, Huddersfield, only a nominal charge being made for each treatment.

### DISINFESTATION.

The number of verminous premises dealt with shows an increase on last year's figure. Three houses were found to be infested by bed bugs and a further one suspected of being infested. Three houses were dealt with for fleas and another one treated on suspicion. Eight houses were disinfested because of cockroaches, and a school was given treatment to get rid of fly infestation. No cases of bug infestation were found in Council houses. Gammexane and Zaldecide were used for the bugs and fleas and pybuthrin for the cockroaches. The above work entailed 79 visits being made.

---

### SANITARY INSPECTION OF THE DISTRICT.

Complaints investigated	...	...	...	...	...	429
Nuisance inspections	...	...	...	...	...	262
Factories inspected	...	...	...	...	...	60
Shop inspections	...	...	...	...	...	50
Houses inspected :—						
Overcrowding	...	...	...	...	...	4
Housing Acts	...	...	...	...	...	458
Revisits under Housing Acts	...	...	...	...	...	174
Public Health Acts	...	...	...	...	...	471
Re-visits under Public Health Acts	...	...	...	...	...	546
Verminous premises	...	...	...	...	...	79
Infectious disease	...	...	...	...	...	115
Premises disinfected for vermin	...	...	...	...	...	17
Houses disinfected after infectious disease	...	...	...	...	...	3
House refuse removal inspections	...	...	...	...	...	736
Food complaints investigated	...	...	...	...	...	27
Visits to ice-cream premises	...	...	...	...	...	3
Milk samples taken for bacteriological examination	...	...	...	...	...	23
Milk samples taken for biological examination	...	...	...	...	...	1
Water samples taken for bacteriological examination	...	...	...	...	...	14
Water samples taken for chemical analysis	...	...	...	...	...	1
Water samples taken for plumbo-solvency	...	...	...	...	...	8
Visits to food premises	...	...	...	...	...	40



Visits to licensed premises	...	...	...	...	...	2
Visits to slaughterhouses	...	...	...	...	...	1298
Inspections under Milk and Dairies Regulations	...	...	...	...	...	37
Smoke observations	...	...	...	...	...	119
Rodent control inspections and visits	...	...	...	...	...	2330
Inspections under Petroleum Acts	...	...	...	...	...	3

### HOUSING STATISTICS.

The housing statistics for the year are as follows :—

1. Inspection of dwellinghouses during the year.
  - 1) (a) Total number of dwellinghouses inspected for housing defects (under Public Health and Housing Acts) ... .. 929
  - (b) Inspections made for the purpose ... .. 1847
  - 2) (a) Number of dwellinghouses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations ... .. 8
  - (b) Number of inspections made for the purpose 18
  - 3) Number of dwellinghouses needing further action :—
    - (a) Number considered to be in a state so dangerous or injurious to health as to be unfit for human habitation ... .. 8
    - (b) Number (excluding those in sub-head (3) (a) above), found not to be in all respects reasonably fit for human habitation ... .. 77
2. Remedy of defects during the year without service of formal notices.
 

Number of defective dwellinghouses rendered fit in consequence of informal action by the Local Authority or their officers ... .. 64
3. Action under Statutory Powers during the year.
  - A. Proceedings under Sections 9, 10 and 16, Housing Act, 1936 :—
    - 1) Number of dwellinghouses in respect of which formal notices were served requiring repairs ... —
    - 2) Number of dwellinghouses which were rendered fit after service of formal notices :—
      - a) By owners ... .. —
      - b) By Local Authority in default of owners ... —

B.	Proceedings under Public Health Acts :—	
1)	Number of dwellinghouses in respect of which notices were served requiring defects to be remedied ... ..	2
2)	Number of dwellinghouses in which defects were remedied after service of formal notice :—	
a)	By owners ... ..	2
b)	By Local Authority in default of owners ...	—
C.	Proceedings under Sections 11 and 13, Housing Act, 1936.	
1)	Number of representations, etc. made in respect of dwellinghouses unfit for human habitation ...	4
2)	Number of dwellinghouses in respect of which Demolition Orders were made ... ..	—
3)	Number of dwellinghouses demolished in pursuance of Demolition Orders ... ..	—
D.	Proceedings under Section 12 of the Housing Act, 1936.	
1)	Number of separate tenements or underground rooms in respect of which Closing Orders were made ... ..	4
2)	Number of separate tenements or underground rooms the Closing Orders in respect of which were determined, the tenement or room having been rendered fit ... ..	—
E.	Proceedings under Part 3 of the Housing Act, 1936.	
1)	Number of Clearance Areas represented during the year ... ..	1
2)	Number of houses included in these areas ...	7
3)	Number of persons to be displaced ... ..	12
4)	Action taken during the year in respect of Clearance Areas	
a)	by Clearance Orders, number made ...	1
b)	by Compulsory Purchase Orders, number made ... ..	—
5)	Number of houses in Clearance Areas demolished in year ... ..	—
6)	Number of persons re-housed from houses demolished during the year ... ..	—

4.	Housing Act, 1936—Part IV—Overcrowding.	
a)	1) Number of dwellings overcrowded at the end of the year ... ..	18
	2) Number of families dwelling therein ... ..	23
	3) Number of persons dwelling therein ... ..	120
b)	Number of new cases of overcrowding reported during year ... ..	2
c)	1) Number of cases of overcrowding relieved during the year ... ..	11
	2) Number of persons concerned in such cases ...	68

### IMPROVEMENT GRANTS.

During the year 27 Improvement Grants were made involving £2,488 for improving sub-standard houses by the provision of bathrooms and indoor sanitation. Three-quarters of this amount is met by the Treasury, and so far some £622 chargeable to the general rate fund, the Council were instrumental in making 27 houses in all respects fit for habitation complete with baths, inside W.C.s, hot water, etc.

A further 8 grants were sanctioned but the work was not carried out at the end of the year.

Work in connection with Improvement grants is carried out by the Health and Surveyor's Departments jointly.

### SUMMARY OF SANITARY IMPROVEMENTS EFFECTED. PUBLIC HEALTH ACTS, 1875—1936. HOUSING ACTS, 1936—1954.

During the year the total number of inspections and visits made in all branches of the Department was 7,310. Under the Public Health Acts 76 informal notices and statutory notices were served. The following is a summary of improvements effected :—

#### Interior of Houses.

Windows repaired and renewed ... ..	8
Fireplace fixtures renewed and repaired ... ..	5
Ceiling replastered ... ..	14
Walls replastered ... ..	11
New sinks provided ... ..	9
New sinks provided in place of old stone sinks ... ..	8
Smoky chimneys abated ... ..	2
Sink waste pipes repaired or renewed ... ..	16
Sash cords renewed ... ..	9
Chimney flues repaired ... ..	2
Dampness of walls abated ... ..	13



Water gaining access to cellar abated ... ..	4
Sewage gaining access to cellar abated ... ..	8
Firebacks renewed and repaired ... ..	5
Floors repaired ... ..	16
Dirty houses cleaned ... ..	2
Sink waste pipes, traps provided ... ..	1
Ovens repaired ... ..	4
<b>Exterior of Houses.</b>	
Defective door frames and doors ... ..	8
Eaves gutters renewed or repaired ... ..	38
Decayed pointing renewed ... ..	10
Leaky roofs repaired ... ..	29
Rain water pipes renewed or repaired ... ..	26
Mastic pointing to windows renewed ... ..	9
Valley gutters cleansed or repaired ... ..	6
Chimney stacks repaired ... ..	3
<b>Yards and Outbuildings.</b>	
Offensive accumulations removed ... ..	2
Defective yard drainage reconstructed ... ..	3
<b>Drainage.</b>	
Drains re-laid ... ..	19
Drains repaired ... ..	30
Drains cleansed from obstruction ... ..	64
Inspection chambers provided ... ..	8
New gullies provided ... ..	8
Soil pipes repaired ... ..	5
<b>Sanitary Conveniences.</b>	
Additional W.C.s provided ... ..	81
Flushing cisterns repaired ... ..	29
Walls repaired ... ..	4
W.C. pedestals renewed ... ..	8
Privy middens converted to water carriage ... ..	5
Waste water closets converted to water carriage ..	23
Pail closets converted to water carriage system ... ..	19
Roofs repaired ... ..	3
Tippler closets repaired ... ..	9
<b>House Refuse Accommodation.</b>	
New dustbins provided ... ..	716

### OVERCROWDING.

The number of known cases of overcrowding is now down to 18 houses comprising 120 persons and 23 families. Two new cases of overcrowding were reported during the year and 11 cases were relieved by the re-housing in Council houses or elsewhere, 68 persons were concerned in these cases.

## PUBLIC CLEANSING.

The public cleansing of the district, apart from street cleansing and gully emptying, is the responsibility of the Health Department. This work includes the collection and disposal of house refuse, the emptying of dustbins, pail closets and privies, the collection and disposal of a limited amount of trade refuse mainly from shops and markets. The maintenance of the refuse collection vehicles is the responsibility of a Transport Department.

The fact is sometimes lost sight of that the continual annual increase of new houses, Council and others, with their long carrying distances for dustbins, has steadily added to the work of the Department although the number of employees has not increased.

It has not been found possible to give a weekly service of bin emptying, but a reasonable service is maintained and legitimate complaints are few, these being after holiday periods or times of heavy snow.

Although most of the employees are good workers, it is rare to have the full staff working as some of the less satisfactory members soon take advantage of the generous sick pay rates. Employees are continually leaving for less arduous work elsewhere and it is almost impossible to obtain labour. Consequently there are times when it becomes difficult to keep the service going.

Occasionally as many as four men may be off sick at the same time and of course there is no temporary reserve to draw on and the rounds get behindhand. The hiring of an extra vehicle does not meet the situation as it cannot be staffed.

The Council administered a Municipal dustbin scheme and during the year 716 defective dustbins were renewed at a cost of £1,316 or the approximate equivalent of a 3½d. rate. This figure is rather high due to a large increase in purchase tax on dustbins.

Although pail closets and privies are gradually being converted to water closets at Stainland, this area still remains a problem, by reason of an unsatisfactory sewerage system, with a resultant number of pail closets and privies that cannot be converted to water closets until sewers and public water supplies are extended. Some slight easement has been made during the year by the conversion of 19 pail closets and 5 privies.

The price of mixed waste paper rose to £8 per ton, and the sales of waste paper during 1955 realised the sum of £876.

During the year 34 tons of tins were recovered from the tips and these were sold unbaled for £111.

Most of the pail closet and privy refuse was used by farmers and other house refuse was tipped at four tips in the area. These were in need of constant attention. Much trouble is still caused during the year by deliberate firing of these tips.

Controlled tipping is now in operation at Lowfields. Top soil is stripped to a depth of 12 inches in accordance with the wishes of the Ministry of Agriculture and will be replaced over 6ft. layers of house refuse, in order that the land may revert back to agriculture.

Lack of weigh bridge facilities make it impossible to give accurate cleansing costings, etc., but the following table shows the number of loads collected during the year :

Vehicle	Removal of House Refuse		Goux Tub Refuse Removal		Waste Paper Removal		Condemned Meat Removal	
	Days	Loads	Days	Loads	Days	Loads	Days	Loads
2—2-ton motors ...	489 $\frac{1}{2}$	2453	19 $\frac{1}{4}$	77	—	—	—	—
2—30 cwt. motors	371 $\frac{1}{4}$	1738	146	611	—	—	—	—
10-cwt. Fordson ...	15 $\frac{1}{4}$	96	—	—	104	1256	11	57
30-cwt. hired lorry	7	40	$\frac{1}{2}$	2	—	—	—	—

The cost of Public Cleansing throughout the year in the district, including collection and disposal of salvage was £9,485. This figure includes the cost of last year's replacement of dustbins under the Council's Municipal Dustbin Scheme.

### MEAT INSPECTION.

The following private slaughterhouses are licensed and are in constant use :—

- a) Harry Wood, Riverside Farm, Wistons Lane, Elland.
- b) Mrs. Helen Dyson, Crosshills Farm, Greetland.
- c) Geoffrey Morton, Oatlands Farm, Greetland.
- d) Eric Mitton, Manor House Farm, Stainland.
- e) Stainland and Holywell Green Co-operative Society, Stainland.
- f) Joseph Goddard, New Yard Farm, Stainland.

The supervision of these slaughterhouses makes a heavy call on your staff, as it is found necessary to be in attendance on normal holiday periods, early Monday mornings and many hours outside the usual office hours.



During the year 1,298 visits were made to slaughterhouses and the following table shows the number of animals inspected. Almost half the meat goes into adjoining districts.

### Particulars of animals slaughtered.

Month		Heifers	Bullocks	Cows	Sheep	Calves	Pigs	Totals
January	...	108	49	88	126	13	91	475
February	...	92	48	85	134	9	135	503
March	...	110	57	93	189	8	134	591
April and May together	...	135	86	164	225	1	187	798
June	...	86	38	77	176	1	84	462
July	...	75	29	42	222	1	39	408
August	...	134	30	46	390	5	38	643
September	...	139	25	37	264	2	50	517
October	...	143	35	51	341	8	86	664
November	...	174	54	53	451	8	110	850
December	...	104	43	35	264	4	117	567
Totals	...	1300	494	771	2782	60	1071	6478

### PARTICULARS OF CARCASES INSPECTED AND PARTICULARS OF CONDEMNED MEAT.

Number of Animals slaughtered	...	...	...	6478
Number of Animals inspected	...	...	...	6478

### Particulars of Carcases affected with Disease.

a) Tuberculosis :	Percentage of animals diseased :					
Heifers and Bullocks	...	...	...	...	6.3 %	
Cows	...	...	...	...	21.7 %	
Pigs	...	...	...	...	3.07 %	
b) Other disease :						
Heifers and Bullocks	...	...	...	...	6.4 %	
Cows	...	...	...	...	8.4 %	
Pigs	...	...	...	...	4.4 %	
Sheep	...	...	...	...	5.9 %	

Total weight of diseased meat surrendered—2 tons, 15 cwts.  
1 qr. 2 lbs.

**Carcases and Offal inspected and condemned  
in whole or in part.**

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed ... ..	1794	771	60	2782	1071	Nil
Number inspected ... ..	1794	771	60	2782	1071	Nil
<b>All diseases except Tuberculosis and Cysticerci</b>						
Whole carcasses condemned	Nil	Nil	1	Nil	Nil	Nil
Carcases of which some part or organ was condemned ... ..	115	65	1	164	45	Nil
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci ...	6.4%	8.4 %	1.5 %	5.9%	4.4%	Nil
<b>Tuberculosis only :</b>						
Whole carcasses condemned	1	Nil	Nil	Nil	Nil	Nil
Carcases of which some part or organ was condemned ... ..	113	167	Nil	Nil	32	Nil
Percentage of the number inspected affected with tuberculosis ... ..	6.3%	21.7 %	Nil	Nil	3.0 %	Nil
<b>Cysticercosis</b>						
Carcases of which some part or organ was condemned ... ..	2	1	Nil	Nil	Nil	Nil
Carcases submitted to treatment by refrigeration	Nil	<del>7</del> Nil	Nil	Nil	Nil	Nil
Generalised and totally condemned ... ..	Nil	Nil	Nil	Nil	Nil	Nil

All diseased meat is collected and delivered to Mitchell and Broadbents, Halifax, where it is processed into non-edible materials. In November the Council decided to re-fund to the slaughterhouse occupiers any income derived from the sale of condemned meat.

Additions or improvements were effected during the year at four of the six slaughterhouses.

Early in the year the appeal of Mr. J. W. Smith against the decision of the Council not to grant him a slaughterhouse licence under Section 57 of the Food and Drugs Act, 1938 was heard at the West Riding Court.

The appeal was dismissed and the decision of the Council upheld on the grounds of sufficiency of existing slaughtering facilities.













